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ABSTRACT

This document presents material for a family life or sex education curriculum for grades 9 and 10. It includes homework, lesson plans, information on audiovisual materials, speakers, field trips, a summary of Washington state law and guidelines, a sample parent letter, a discussion of universal values versus controversial issues, and a protocol for determining appropriate responses to student questions. The lesson plans are divided into 30 units. The first consists of a unit introduction and pretest. The second discusses touch and abstinence. Unit 3 describes the reproductive system. Units 4 through 8 are grouped under puberty and adolescence. These units concentrate on developing feelings, the need to belong, and concerns over physical changes and what is "normal." Units 9 through 12 discuss sexual exploitation. Areas covered include communication, consent versus exploitation, the continuum of sexual touch, and assault strategies. Units 13 through 15 are grouped together under pregnancy. Units 16 through 18 are on planning to parent. Unit 19 focusses on the unplanned pregnancy. Units 24 through 23 discuss contraception. Units 24 through 28 are grouped under sexually transmissible diseases, with units 25 and 26 focussing on HIV and AIDS. Unit 29 is on sexual health care. Unit 30 consists of a review and post test. Eight appendices include the parent letter, laws and guidelines, audio-visuals, speakers, panels, field trips, considerations in an unplanned pregnancy, and overviews of F.L.A.S.H for grades 5 and 6 and grades 7 and 8. (DK)

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SO 023 373

9/10 F.L.A.S.H.

A Curriculum Supplement in
FAMILY LIFE AND SEXUAL HEALTH
for Grades 9 & 10

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by & for
Seattle-King County Department of Public Health
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Finally, it may sound trite, but I really could not have done this without the support and patience of my family.

DEDICATION

9/10 FLASH is dedicated to the memory of a very special teacher and human being: Bill Burby. You would have made these lessons come alive, Bill.

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Unit Philosophy

It is not possible -- or even desirable -- to provide value-free education. In fact, the very provision of education implies the value that knowledge is better than ignorance. The job of the public school teacher, however, is to distinguish between:

> relatively ***universal values*** (those shared by 95+% of families ... those the teacher is, in fact, ***expected*** to teach),
>
> and ***controversial issues*** (those the community is not in agreement over ... and on which the teacher ought ***not*** to express his or her own particular belief).

What are the relatively ***universal beliefs*** upon which this curriculum supplement is predicated ? Some are ...

1) that each individual is unique and valuable and deserving of considerate treatment.
2) that the human body and its capacity for reproduction are fascinating and terrific and deserving of protection.
3) that human beings' need for touch and intimacy is valid and should be respected.
4) that no one has the right to selfishly use another person simply for his or her own gratification.
5) that it is wrong to trick, threaten, tease or force another person to touch.
6) that it is safest (emotionally, socially and physically) and best for school-aged people not to engage in sexual intercourse.
7) that sex is best in loving, long-term, committed, monogamous relationships (as in many marriages).
8) that it is wrong to knowingly transmit disease.
9) that honest communication is fundamental to all human relationships (parent/child, friend/friend, partner/partner, doctor/patient).
10) that no one should feel obligated to share personal experiences, feelings or beliefs in a classroom ... or with acquaintances in any circumstance.
11) that a classroom should be an emotionally safe place to learn.
12) that people have an obligation to learn as much as they can about themselves and others they care about.
13) that families are important and deserve support.
14) that parents are the first and foremost sexuality educators, and are especially obligated to communicate their beliefs and feelings to their children.
15) that schools have an obligation to help families educate young people about sexual health, especially to communicate factual information.
16) that students deserve answers to their questions.

What are the more ***controversial areas***, where teachers ***shouldn't*** teach particular belief positions? Some are ... ***masturbation, abortion, homosexual behavior, other sexual touch besides vaginal intercourse (e.g., anal, oral intercourse), pre-marital sex, and contraception.***

Expressing any particular belief about these topics would surely offend the families of some of your students. So, how should a teacher handle these issues? Ignore them? ***NO!*** That's like saying you shouldn't teach about the political party system, for fear you'll teach that a particular party is *best*. So, suppose a student asks whether the teacher thinks masturbation is OK. We suggest the following ...

VALUES QUESTION PROTOCOL

1. **AFFIRM THE STUDENT FOR ASKING.**
   "Good question." "That's an important issue."
   "I'm glad you asked." "A lot of people wonder that."

2. **IDENTIFY IT AS A BELIEF QUESTION (distinguishing it from factual questions).**
   "That's a value question. We can't look up ***the*** answer, because every person, family and religion has a ***different*** answer."

3. **ANSWER THE FACTUAL PART, if there is one.**
   "Before we look at beliefs, let's examine a few facts. Most people masturbate as babies. After that, some continue on and off for the rest of their lives and others decide to stop. Another fact you need to know is that masturbating doesn't hurt a person's body. People used to think it would make you go blind, or give you warts, for example. It doesn't do those things."

4. **HELP THE CLASS DESCRIBE THE RANGE OF BELIEFS ... not theirs, but society's.**
   "Different people believe different things about masturbation. What do you think some people believe?"

   Here, the teacher has two jobs: (1) to ensure that as complete a range of beliefs as possible is described, and (2) to ensure that each belief position is expressed in as fair and even-handed a way as possible ... preferably in the way the person who holds it would describe it if s/he were there.

5. **STATE YOUR OWN BELIEF, if is asked for and if it is relatively universal.**
   Thus, on the topic of masturbation it would ***not*** be appropriate for a public school teacher to express his or her own belief. Whereas, if the question had been, "What do you think about people who know they have the AIDS virus and continue to have sex or share needles? ... The teacher could very legitimately say, at this point in the protocol, "You asked my opinion; I think that's wrong."

6. **REFER TO FAMILY, CLERGY AND OTHER TRUSTED ADULTS.**
   "Since people have such different beliefs about masturbation, I would encourage all of you to find out what your families believe. Talk about it with people you trust, especially adults. For example, if you belong to a church, synagogue, mosque or temple, find out what they teach."

Overview of 9/10 F.L.A.S.H.

LESSON NUMBER AND TITLE	HOMEWORK * REPORTS **	SAMPLE OBJECTIVES
1. *Unit Introduction and Pre-test*		a) Contribute to a serious, considerate class climate. b) Explain the value of ground rules.
2. *Touch and Abstinence*	I/F	a) List reasons many teens decide to abstain from sexual intercourse. b) Give examples of nurturing, sexual, affectionate, and violent touch.
3. *Reproductive System*	I	a) Locate and spell the parts of the male and female reproductive systems. b) Recall and pronounce those parts, given descriptions of their functions.
4. *Puberty/Adolescence, Day 1: Overview*		a) Identify the physical, emotional and social changes of puberty. b) Recognize that puberty is a process, the age-of-onset and duration of which varies.
5. *Puberty/Adolescence, Day 2: Who Am I? Where Am I Going?*	F/I	a) List his/her own emotional, physical, mental or social strengths. b) Cite short-term personal goals.
6. *Puberty/Adolescence, Day 3: Am I Normal?*		a) Distinguish between "acquaintance" and "friend" and recognize degrees of the latter. b) Avoid using the term "normal" as an emotional weapon against self or others.
7. *Puberty/Adolescence, Day 4: Will I Fit In?*	I	a) Explain the importance of a feeling of belonging. b) Recognize that ridiculing others does not help one to feel good nor to belong and that it is often based on ignorance or rumor.
8. *Puberty/Adolescence, Day 5: What Will I Decide About Touch?*		a) List key factors that contribute to thoughtful decisions: alternatives, consequences, beliefs and feelings. b) Describe how to apply the model to peer touch situations.
9. *Sexual Exploitation, Day 1: Communication*		a) Identify the components of *good communication*: really listening and assertiveness. b) Distinguish among assertive, passive, aggressive, and manipulative communication.

LESSON NUMBER AND TITLE	HOMEWORK * REPORTS **	SAMPLE OBJECTIVES
10. ***Sexual Exploitation, Day 2: Consent Vs. Exploitation***	F/I R	a) Describe the difference between consenting and exploitive touch. b) Recognize that forced intercourse is rape, regardless of circumstances.
11. ***Sexual Exploitation, Day 3: Continuum of Sexual Touch***		a) Identify where, on a continuum of consent/exploitation, a particular kind of touch belongs. b) Recognize that sexual assault is illegal and that all exploitive touch is wrong.
12. ***Sexual Exploitation, Day 4: Assault Strategies***		a) List ways, in addition to good communication, to reduce the risk of sexual assault. b) List things a victim or the friend of a victim can do, after an assault to help with recovery.
13. ***Pregnancy, Day 1: The Developing Baby***	F/I	a) Identify the definitions of pregnancy-related terms. b) Explain that the foundations of all organs and systems are laid in the first trimester.
14. ***Pregnancy, Day 2: The Experience***		a) List common early symptoms and physical changes pregnant women experience, and common social and emotional changes experienced by women ***and*** men. b) Explain the importance of early pregnancy testing.
15. ***Pregnancy, Day 3: Prenatal Health***	R	a) Describe maternal and paternal behaviors which improve the odds of healthy pregnancy outcome. b) Identify the first trimester as the most vulnerable time for the embryo.
16. ***Planning to Parent, Day 1: Infant Health***		a) Identify advantages of breast-feeding. b) Identify appropriate expectations for landmarks of infant development.
17. ***Planning to Parent, Day 2: Do I Want Children? How Many? When?***		a) Cite reasons people might choose different family sizes. b) Cite reasons people might delay parenting until maturity.
18. ***Planning to Parent, Day 3: Am I Qualified?***	F/I	a) Describe qualifications he/she believes are important for the job of *"parent."* b) Recognize that there are differing beliefs about qualifications.

LESSON NUMBER AND TITLE	HOMEWORK * REPORTS **	SAMPLE OBJECTIVES
19. ***UN-Planned Pregnancy***	F/I	a) Distinguish among the legal and illegal alternatives in unplanned pregnancy. b) Describe reasons some people *choose* each alternative, and reasons others *decide against* each alternative.
20. ***Contraception, Day 1: Overview***		a) Identify and spell methods of contraception currently available. b) Name the most effective.
21. ***Contraception, Day 2: A Closer Look***	R	a) Explain the difference between benign *side effects* and actual *health risks*, identifying methods with the fewest of the latter. b) Name the methods with the most *health benefits*.
22. ***Contraception, Day 3: What's the Best Method?***	R	a) Describe emotional factors which sometimes influence contraception decisions. b) Describe ethical factors which sometimes influence contraception decisions.
23. ***Contraception, Day 4: Communication***	F/I	a) Demonstrate assertive parent/child, doctor/patient, buyer/clerk, or partner/partner communication regarding contraception.
24. ***Sexually Transmissible Diseases (STDs), Day 1: Overview***		a) Describe what a person should do if s/he suspects s/he has an STD. b) Describe ways of reducing risk.
25. ***STDs, Day 2: HIV/AIDS, Understanding the Disease***	I	a) Identify the ways in which HIV is commonly spread and recognize that casual contact is safe. b) Recognize that AIDS is preventable and list ways to do so.
26. ***STDs, Day 3: HIV/AIDS, Its Impact on People***		a) Recognize that teens and others like him/herself can become infected with HIV. b) Verbalize the importance of maintaining or adopting behaviors which minimize the risk of giving or getting HIV and other STDs.
27. ***STDs, Day 4: Epidemiology***	R	a) Explain why curable STDs haven't been eradicated and are actually increasing. b) Identify resources for help with STDs.

LESSON NUMBER AND TITLE	HOMEWORK * REPORTS **	SAMPLE OBJECTIVES
28. ***STDs, Day 5: Communication***		a) Demonstrate assertive parent/child, doctor/patient, buyer/clerk, or partner/partner communication regarding STDs.
29. ***Sexual Health Care***	I	a) Explain reasons and procedures for breast and testicular self-exam and Pap test. b) Identify who should perform and/or seek each of these, and when.
30. ***Review and Post-test***		a) Recognize the importance of early detection and treatment of ***all*** sexual health problems. b) Recall the cognitive information (key concepts and vocabulary) from the unit.

* "I" means Individual Homework Exercise; "F" means Family Homework Exercise. They are listed on this chart in the lesson during which they are ***assigned***.

Individual assignments are generally due one week after they are assigned; family assignments are due two weeks after they are assigned, to accomodate families' busy schedules. This is why there are no family assignments in the last week of the unit. Family assignments are always ***confidential*** and ***optional***; the individual assignment is always provided as an alternative for those unable or too uncomfortable to do the family assignment.

** Every student is assigned an Individual Field Trip Report on the first day or two of the unit. "R" indicates that one or more oral reports are ***due*** as part of the lesson with which they are listed.

Preparing to Teach 9/10 F.L.A.S.H.

KNOW YOUR STATE AND LOCAL GUIDELINES

It is imperative, morally and legally, that you follow the guidelines established by the State Legislature, the State Superintendent of Public Instruction, and your district's elected School Board. (For the complete text of the Washington State Superintendent's Guidelines, with excerpts from the law, see Appendix B.)

Essentially, with the exception of AIDS, Washington State leaves the decision about ***whether*** to provide sexuality education up to the local school board. The State does, however, make recommendations for districts that ***do*** teach it, about ***how*** it should be taught. It says, for example, that "major emphasis ... should be to assist the adults in the home ..." and that "sexuality is an integral part of a total personality and to consider sex as purely physical is to give it an unrealistic emphasis." The State also requires that parents have the option of excusing their child from the sexuality unit.

With regard to AIDS education, the State goes further. It requires that every child in grades 5 through 12 receive AIDS education on an annual basis. Any materials used in the Public Schools must go through, not only the usual district-level review process, but also a review by the Department of Social and Health Services for medical accuracy, and a review by the State Superintendent's office, for educational soundness. The latter is simply for rating purposes, whereas the DSHS review is for approval. The State further requires that AIDS lessons emphasize that abstaining from sexual intercourse and from needle-sharing are the only two guarantees of protection from AIDS. The curriculum must state that condoms reduce, but do not eliminate, risk.

Unless you know that your district has already approved ***9/10 FLASH***, contact your curriculum office as far in advance as possible, to find out your local policies.

PLAN YOUR SEXUALITY UNIT

This curriculum supplement consists of 30 lesson plans. It is ***not*** necessary to confine yourself to 30 class periods. If you assign "Individual Field Trips" or arrange for panels, field trips, speakers and/or audio-visual tools (except the one, *"AIDS-Wise, No Lies,"* which is included in the 30), your unit may take longer.

For information and advice about panels, field trips and speakers, see Appendix E. For suggestions of audio-visuals and ordering information, see Appendices C and D, respectively.

Many lessons in ***9/10 FLASH*** depend on transparencies. You will find master copies for them, following the lesson. You will need to photocopy them in advance. Student handouts, to be photocopied also in advance, fall into several categories:

>> Reference Sheets ... of which you may want a single class set if your photocopy budget is limited, and

>> Worksheets, Homework Exercises and other miscellaneous handouts ... of which every student will need a copy.

PREPARE YOURSELF

Review this entire curriculum before teaching any part of it.

Then, you may want to assess your own knowledge. One do-it-yourself assessment program is the ***Sexuality Educator Pre-test*** and ***Pre-test Answer Key***, by Beth Reis, Lenore Morrey and Jan Loreen-Martin; Association for Sexuality Education and Training, P.O. Box 668, Oak Harbor, WA 98277. Revised, 1987. $6.25 includes tax and shipping.

You may also decide to seek training. *If you live or work in King County* (WA), call the author, Beth Reis (206) 296-4988 or call the Educational Service District -- ESD 121, Health Education Office (772-3636) for information about ***FLASH*** training for college credit. Training is also available in King County regarding sexuality education in general (not ***FLASH*** specific). Call Joan Helmich at the Center for Health Training (447-9538) or Roxanne Hood-Lyons of the Washington Association for Health, Physical Education, Recreation and Dance (938-3358) or Lynn Rooney of Planned Parenthood (328-7736).

Finally, you may want to refresh your knowledge. Try these:

Learning About Sex: The Contemporary Guide for Young Adults, Gary F. Kelly; Barron's, Woodbury, NY, 1986 (revised).

Fundamentals of Human Sexuality, Herant A. Katchadourian and Donald T. Lunde, 3rd edition; Holt, Rinehart and Winston, 1980.

Sex Education: Theory and Practice, Clint E. Bruess and Jerrold S. Greenberg; Wadsworth Publishing, Belmont, CA, 1987 (revised).

A Book About Sexually Transmitted Diseases, 2nd ed., Donna Cherniak, Montreal Health Press, P.O. Box 1000, Station La Cite, Montreal, Quebec (CAN) H2W2N1, 1984.

It's Your Choice: A Personal Guide to Birth Control Methods for Women ... And Men Too, Robert Hatcher, et. al., Irvington Publishers, 1982.

Demystifying Homosexuality: A Teaching Guide About Lesbians and Gay Men, Human Rights Foundation, Irvington Publishers, 1984.

Teaching AIDS: A Resource Guide on Acquired Immune Deficiency Syndrome, Marcia Quackenbush and Pamela Sargent, Network Publications, 1988 (revised).

AIDS: Opposing Viewpoints, ***Teenage Sexuality: Opposing Viewpoints***, and ***Abortion: Opposing Viewpoints***, David Bender and Bruno Leone, eds. Network Publications, 1988.

NO Is Not Enough: Helping Teenagers Avoid Sexual Assault, Caren Adams, Jennifer Fay and Jan Loreen-Martin, Impact Publishers, 1984.

And, finally, the most practical, thorough journal in the field of sexuality education: ***"Family Life Educator"*** from Network Publications, 1700 Mission Street, P.O. Box 1830, Santa Cruz, CA, 95061-1830.

PREPARE YOUR ADMINISTRATOR

Discuss the course's content, materials and activities with your building administrator. A principal needs to know of guest speakers. He or she should also see the letter you plan to send to parents and guardians, offering to excuse their children. The importance of involving your administrator from the outset cannot be overemphasized. Your Principal must be informed about the unit, in order to respond to parents' questions and concerns.

PREPARE PARENTS

The primary sexuality educators of your students are their parents or guardians. Consciously or unconsciously, they have been providing sexuality education since birth. They may or may not be comfortable in their role. They may or may not be knowledgeable about the facts. But only they can share their beliefs and feelings with their children.

Your role with respect to parents is two-fold. First, legally and morally, you must inform parents that you are about to begin the unit. Your job is to offer them the options of previewing materials and/or excusing their son or daughter. Second, for those students who do participate (about 95-99% of all students), you can use the unit to foster better communication at home. That is why we have provided a ***Family Homework Exercise*** approximately every fourth lesson. If you use these ***Family Homework Exercises***, follow these guidelines:

(a) Explain that the student can do the assignment with any trusted adult in the family (parent, stepparent, grandparent, group home parent, Mom's boyfriend, etc.).

(b) Always offer an alternative assignment for students who may not be able to, or for whatever reason choose not to, talk with an adult in the family.

(c) Never ask students to report on the content of those conversations, only that they ***did*** talk. To ask about a student's or family's "***beliefs or practices ... as to sex***" would violate the Washington State Board of Education's Guidelines. Thus, all a student turns in to you for credit is a Family Homework Confirmation Slip.

Lesson Plan 1

Unit Introduction & Pre-Test

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Recognize that he/she has some knowledge of sexuality, and needs much more.
2. Contribute to a serious, considerate class climate.
3. Explain the value of ground rules and list at least 3 to which the class has agreed.

MATERIALS NEEDED:

PHOTOCOPIES
One class set of ...
   Sexuality Unit Pretest
One per student of ...
   Pretest Answer Sheet
   Field Trip Report Instructions *
   Field Trip Grading Form
One per class period of ...
   Field Trip Sign-up Sheet

TEN MANILA ENVELOPES
   (labeled, see activity 4)

TIME NEEDED:
one class period

* Add due dates to Field Trip Report Instructions ***before photocopying*** and develop a syllabus (see activity 3 for a sample).

AGENDA:

1. Administer the Pretest.
2. Use the Case Study to generate ground rules.
3. Provide a written syllabus (outline) for the unit.
4. Discuss field trips and other homework. Hand out Field Trip Report Instructions.
5. Introduce anonymous question envelopes.

ACTIVITIES:

1. Explain to the class why you are conducting a Sexuality Unit Pretest. Be clear that it is **not** going to be counted toward their grades. (If you expected them all to pass it, you wouldn't be about to embark upon a unit!) You are probably conducting it for one or more of the following reasons:

   > to determine if there are some lessons which the whole class could skip (if perhaps 80% of the class got 80% or better on those sections).

   > to compare with a posttest to demonstrate your students' increased knowledge.

   > to demonstrate **to** your students' that they already know a lot about sexuality and that they also have a lot to learn.

   Administer the test. It should take approximately fifteen minutes.

2. Introduce the concept of ground rules by reading the case study, below, aloud.

CASE STUDY

A couple of years ago there was a sexuality class that really flopped. On the very first day they were talking about flirting and "come-on's". A student I'll call "Rob" announced that he already knew how to handle a come-on.

He said, "Girls don't come on to guys unless they're sluts, so they deserve what they get. And if a guy ever tried anything, I'd punch the faggot out."

After class, two people came up to the teacher and asked to be excused for the rest of the unit. They each sat down in private and had long talks with the teacher.

It turned out that one student (I'll call her "Jenny") had been raped by her boss the week before. She felt as if "Rob" was blaming her ... saying it's your own fault if you get raped. Of course, it isn't; but it's easy to feel that way when it's you. She couldn't stand to be in class with "Rob".

The second student (I'll call him "Michael") was furious at "Rob's" name-calling. "Michael's" father was homosexual (gay) and he wasn't going to stick around while people called his father names. "Faggot", of course, is a put-down, just like racial and religious slurs.

In fairness, you have to understand that "Rob" had no idea that "Jenny" had recently been raped or that "Michael's" father was gay. It never occurred to him that anyone would be hurt or offended by his remarks. He needed a little education. He needed to learn that *there are ways to express your opinion without demeaning other people ... and he needed to realize that you never know the life experiences of most of the people around you.*

Of course, "Jenny" and "Michael" have every right to excuse themselves, if they must ... but the incident should never have happened in the first place.

Explain that the teacher in that class felt responsible for the crisis... and that you shared the incident with the class in hopes that you could talk together about it and prevent this kind of thing from happening "in our class". Ask whether anybody can think of guidelines or ground rules that might make people feel safe about speaking up during such a sensitive unit.

Some possibilities might be:

Avoid put-downs.

It is OK to agree or disagree.

Judge behavior, not people.

Begin statements of opinion with, "I believe...".

It's OK to keep your opinions and experiences private.

Listen to other people's opinions.

Get the facts; any question is OK.

Protect people's confidentiality. (Don't share private information publicly, or, if you do, skip the names.)

Talk to the teacher in private, if you need to.

3. Provide a syllabus, in written form if possible, so students can take it home and share with their families. It should include the agenda and your expectations.

SAMPLE SYLLABUS

AGENDA:

April 5 ... Sexual Exploitation, Day 4: Assault Strategies
April 6 ... Pregnancy, Day 1: The Experience
April 7 ... Pregnancy, Day 2: The Developing Baby *and field trip reports on "Prenatal Health" and "Birth Defects" due*
etc.

EXPECTATIONS:

class participation/following ground rules = up to 5 pts. per day
family homework assignments = 50 pts. each *
individual homework assignments = up to 50 pts. each *
field trip reports = up to 100 pts.
late assignments ... 10% less per day

- When Family *and* Individual Homework is assigned, you are expected to do one *or* the other, not both. You can, of course, do both for extra credit. Family homework is generally due 2 weeks after it is assigned. Individual (non-family) homework is generally due in 1 week.

---

4. The use of "Individual Field Trips" is, of course, at your professional discretion. They can be valuable exercises in that they allow students to rehearse the utilization of community resources.

   To use them, begin by discussing the concept. Hand out and read aloud the Field Trip Report Instructions (or your own revised version of them: some teachers, for example, feel that grading oral and written communication skills [punctuation, etc.] is inappropriate for a "health" class).

   You can have students sign up for their field trips today (a Sign-up Sheet has been provided) or provide ten minutes at the beginning of class tomorrow, for that purpose. We have provided a Sign-up Sheet partly to simplify your record-keeping and partly to help you avoid duplication on a few particular topics. Students who select "Prenatal Health and Drugs," "Other Birth Defects," and "Religion and Birth Control" will research at least two drugs, defects or religions. Have them record which two, so other students avoid duplication.

   A Field Trip Grading Form has been included in today's lesson, to facilitate your providing the students feedback. It is not for use today; simply keep it on hand for use as each student makes his or her report.

   Use this time, finally, to discuss the fact that there will be many other homework assignments, over and above the Field Trip Reports. Explain that, usually, you will give students two alternatives whenever you do assign homework: a Family Homework Exercise, due two weeks from the day it is assigned *, and an Individual Homework Exercise, due *one* week after it's assigned.

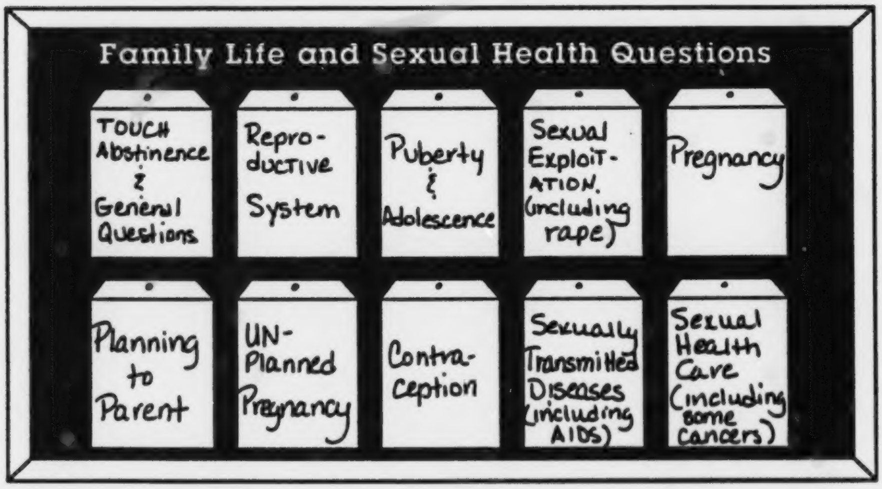
   NOTE: *Whenever you offer a Family Homework Exercise, it is essential to offer other alternatives, as well. Some students don't have an older family member (parent, aunt, uncle, grandparent, mother's boyfriend, group home parent, etc.) with whom they can (or want to) do an assignment. They should have a way to earn the exact same credit by doing an Individual Exercise, instead.*

   * A two week due date should accommodate even the busiest of families. One adult and the student will need to set aside a half-hour to an hour of private time to work on each assignment.

5. Introduce the anonymous question envelopes.

You will have prepared, in advance, ten large manila envelopes (and optionally, a bulletin board), labeled as below. In fact, you may want a separate set of manila envelopes for each period of the day.

Show the class these envelopes and give each student several small pieces of scrap paper. Ask them to write ***at least one question*** and drop it in the appropriate envelope. Explain that they should ***not*** write their names on the slip, unless they would prefer to talk with you privately about their question. Have them write only one question per slip (to facilitate your sorting the questions into logical order, later), but give them as many slips as they need.


Family Life and Sexual Health Questions
TOUCH Abstinence & General Questions
Reproductive System
Puberty & Adolescence
Sexual Exploitation (including rape)
Pregnancy
Planning to Parent
UN-Planned Pregnancy
Contraception
Sexually Transmitted Diseases (including AIDS)
Sexual Health Care (including some cancers)

If people are unsure about which envelope is appropriate for a particular question, they can use their judgement and you can rearrange them later. (Or, if they express concern that others not see *which* envelope they choose, they can drop them in a folder you can sort out later.)

Explain that, as each lesson arrives, you will answer the questions from the appropriate envelope ... so it's OK to add questions as they think of them, in the days to come. Allow about 5 minutes for the writing of questions. You may want to assist the class by jotting some sample question roots on the blackboard:

"Is it true that ...?"
"How do you know if ...?"
"What causes ...?"
"What do they mean by ...?"
"Should you worry if ...?"
"What should you do if ...?"

Finally, the answers to the pretest are as follow:

REPRODUCTIVE SYSTEM

1. penis
2. urethra
3. testis (or testicle)
4. scrotum
5. prostate gland
6. clitoris
7. vagina
8. cervix
9. uterus
10. ovary

PUBERTY/ADOLESCENCE

11. F
12. T
13. T
14. F
15. T

SEXUAL EXPLOITATION

16. F
17. T
18. b
19. a
20. a

PREGNANCY

21. chromosomes
22. fertilization
23. F
24. T
25. T
26. F
27. F
28. T
29. T
30. c

BIRTH CONTROL

31 - 33. *any three of the following are acceptable:*
- abstinence
- pill
- condom
- sterilization
- combining two methods
- intra-uterine device (IUD)

34. *any one of the following is acceptable:*
- abstinence
- condom
- combining two methods (condom + spermicide)

35. b

SEXUALLY TRANSMITTED DISEASES

36 - 37. *any two of the following are acceptable:*
- gonorrhea
- genital herpes
- gardnerella
- genital warts (or condyloma)
- monilia (or yeast)
- chlamydia
- scabies
- hepatitis B
- syphilis
- staphlococcus
- pubic lice
- trichomonas

38. c
39. d
40. T
41. F
42. T

43 - 45. *any three of the following are acceptable (wording doesn't matter; meaning matters):*

abstain from sexual intercourse (and IV drugs)
maintain mutual, long-term **monogamy**
have **fewer sexual partners** in lifetime (be selective)
use latex **condoms** correctly and consistently (preferably with **spermicide**)
share **safer kinds of touch** (e.g. hugs, massage, shared shampoos)
look for **symptoms** (in self and partner[s])
talk with partner[s] about STDs, sexual experience, etc.
get regular, thorough STD **check-ups**
wash and urinate before and after intercourse (and have partner do the same)

SEXUAL HEATLH CARE

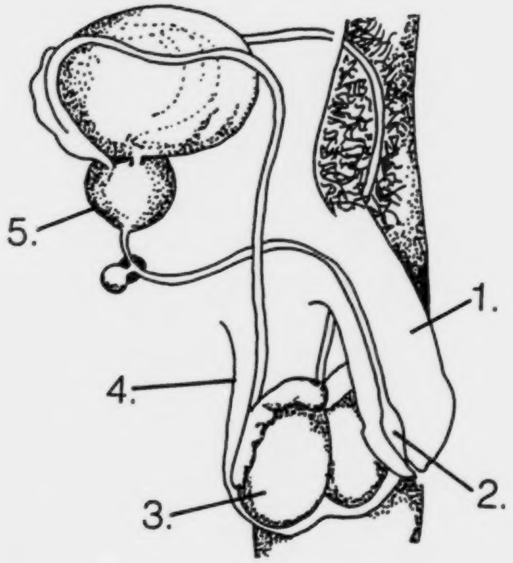
46. T
47. T
48. F
49. T
50. T

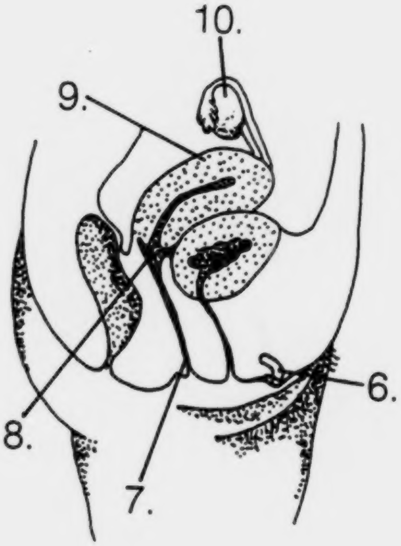
Sexuality Unit Test

PLEASE DO NOT WRITE ON THIS TEST. USE YOUR ANSWER SHEET.

DIRECTIONS: Use 10 of the following terms to fill in blanks 1-10.

esophagus
prostate gland
penis
vagina
cervix
ovary
aorta
uterus
spleen
kidney
urethra
appendix
clitoris
testicles
scrotum
liver





DIRECTIONS: Mark each statement T (true) or F (false).

11. Usually boys start puberty a little younger than girls.

12. Boys often have some breast growth during puberty.

13. Most of the changes of puberty happen to everybody, male *or* female.

14. All teenage guys have "wet dreams".

15. Girls usually start having white or clear discharge from the vagina at puberty.

16. If a male gets raped by another male it makes him gay.

17. Forcing a person to have sex is called *"rape,"* even if the two people know each other.

18. If someone asked you to be his or her boyfriend or girlfriend, and you didn't want to, but you said "OK" anyway ... which of these would describe your behavior?

    a. assertive
    b. passive
    c. manipulative
    d. aggressive

19. The opposite of *"consenting"* touch is

    a. exploitive touch
    b. sexual touch
    c. affectionate touch
    d. assertive touch

20. Touching a person, in a sexual way, while he/she is drunk or high is an example of

    a. exploitive touch
    b. fair touch
    c. persuasion and consent
    d. mutually consenting touch

DIRECTIONS: Use 2 of the following terms to fill in the blanks in questions 21 and 22.

fertilization
chromosome(s)
nocturnal emission(s)
fetus(es)
blastocyst(s)
contraction(s)
sperm
menstruation
placenta(s)

21. The plans for a new human being are contained in DNA molecules called ________________.

22. The meeting of a sperm and an ovum is called ________________.

DIRECTIONS: Mark each statement T (true) or F (false).

23. Pregnancy usually starts during the girl's or woman's menstrual period.

24. A woman can increase the chances of her baby being born healthy by eating a balanced diet during pregnancy.

25. A man can increase the chances of his baby being born healthy by avoiding alcohol and other drugs before starting a pregnancy.

26. A woman can safely have X-rays during pregnancy as long as she wears a lead apron.

27. As long as a drug is legal, it is probably safe for a woman to use it during pregnancy.

28. If more teens got early prenatal care, more of their babies would be born healthy.

29. When a person or couple decides to place a baby for adoption, they can choose the family their baby will go to.

30. Which of the following alternatives (in a chance pregnancy) is ***not*** legal in the U.S.?

    a. letting a family member raise the baby
    b. placing the baby in foster care
    c. abandoning the baby ("splitting")
    d. raising the baby
    e. having an abortion

DIRECTIONS: For questions 31 through 33, list 3 of the ***6 most effective*** kinds of birth control.

31. __________
32. __________
33. __________

DIRECTIONS: For question 34, name 1 of the 3 kinds of birth control which ***not only*** reduce the chance of pregnancy, ***but also greatly reduce the chance of disease.***

34. __________

35. The medical word for "birth control" is

    a. abortion
    b. contraception
    c. menstruation
    d. fertilization

DIRECTIONS: For questions 36 and 37, name 2 STDs (sexually transmitted diseases) besides AIDS.

36. __________
37. __________

38. Which of the following is not a common, early symptom of an STD?

    a. itching of the genitals
    b. unusual discharge
    c. blurry vision
    d. lumps or bumps on the genitals
    e. burning when you go to the bathroom

39. Which of the following should a person not do if he thinks he might have an STD?

    a. talk with the person or people with whom he has had sex lately
    b. go to a doctor
    c. stop having any kind of sex until it is cured
    d. wait and see if the symptoms go away
    e. read or call a Hotline for more information

DIRECTIONS: Mark each statement T (true) or F (false).

40. People can carry the AIDS virus without feeling sick.

41. If you only have sex with another teen, you can't catch AIDS.

42. If you only give each other a face massage, you can't catch AIDS.

DIRECTIONS: For questions 43 through 45, list 3 things a person can do to reduce his or her risk of getting or giving an STD.

43. __________
44. __________
45. __________

DIRECTIONS: Mark each statement T (true) or F (false).

46. All teens and adults should do breast self-exam, even guys.

47. Breast self-exam should be done once a month.

48. All teens and adults should do testicular self-exam, even girls.

49. Testicular self-exam should be done once a month.

50. Any woman or girl who has ever had intercourse should get regular Pap tests.

Answer Sheet

Name ______________________________

Period ________ Date ____/____/____

REPRODUCTIVE SYSTEM:

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

5. ______________________________

6. ______________________________

7. ______________________________

8. ______________________________

9. ______________________________

10. ______________________________

PUBERTY/ADOLESCENCE:

11. T F
12. T F
13. T F
14. T F
15. T F

SEXUAL EXPLOITATION:

16. T F
17. T F
18. a b c d
19. a b c d
20. a b c d

PREGNANCY:

21. ______________________________

22. ______________________________

23. T F
24. T F
25. T F
26. T F
27. T F
28. T F

29. T F
30. a b c d e

BIRTH CONTROL:

31. ____________________

32. ____________________

33. ____________________

34. ____________________

35. a b c d

SEXUALLY TRANSMITTED DISEASES:

36. ____________________

37. ____________________

38. a b c d e
39. a b c d e
40. T F
41. T F
42. T F

43. ____________________

44. ____________________

45. ____________________

SEXUAL HEALTH CARE:

46. T F
47. T F
48. T F
49. T F
50. T F

Do not write below this line.

	# CORRECT	# POSSIBLE
REPRO. SYS....	______	10
PUB./ADOL.	______	5
SEXUAL EXPLOIT.	______	5
PREG.	______	10
BIRTH CONTROL.........	______	5
STDs	______	10
SEX. HLTH. CARE.......	______	5
TOTAL	________	50

Field Trip Report Instructions

Each person will make an ***individual*** field trip during this unit.

> Choose a topic from the list on the next few pages.

> Choose an agency or clinic that deals with that topic, and interview someone who works there (in person, if possible).

> Make a 3-4 minute oral report on the topic/field trip.

> Turn in a 3-4 page written report on the topic/field trip.

> Paper clip or staple a brochure, card, or other evidence of your visit to the report. (If you have to do your interview by phone, do it at least a week in advance, so they can *mail* your evidence by the due date.)

Field Trip Reports will be graded
based on the following criteria:

Did the "reporter" answer all the questions they were supposed to address ?	50 points
Did the "reporter" describe the *experience* ? (what it felt like to visit that particular agency -- for example, "They treated me with patience and respect." or "If I had a problem, I would/wouldn't go there, because ...")	10 points
Did the "reporter" bring back evidence of the visit? (for example, a brochure, business card, poster, etc.)	20 points
In the ***oral*** report, did the "reporter" speak clearly, loudly, and without having to read the written report word-for-word ? Did he or she answer students' questions ?	10 points
Was the ***written*** report legible and organized ? Did the "reporter" use complete sentences ? Did he or she punctuate and capitalize correctly?	10 points

total possible =
100 points (A+)

NOTE: You may not interview anyone in your own family, even if he or she is a doctor, a minister, etc. That would violate your family's privacy and, besides this exercise is designed to challenge you by expanding your resources.

Instructions, continued ...

Topics and Field Trip Sites:	Questions to Answer:
1. "Child Sexual Abuse" a rape crisis center or, in Seattle, Harborview Sexual Assault Center or the Committee for Children due: ____________	1.a. Who sexually abuses children ? Why ? b. How can you tell if a child is being sexually abused ? How can you help ? c. If a person was sexually abused as a child, and now is a teen, what advice would you give them ? d. Could a child or teen get help from this agency ? How ?
2. "Date and Statutory Rape" a rape crisis center or, in Seattle, the Sex Information Line, Alternatives to Fear, or Harborview Sexual Assault Center due: ____________	2.a. What is "date rape" ? How does the law in our state define "statutory rape" ? b. If a guy was raped, could he get help from this agency ? How ? c. Could a girl get help ? What sort of help ? d. How could a teen help a friend who was raped ?
3. "Other Sexual Assault" a rape crisis center, the police department, a legal aid organization due: ____________	3.a. How does the law in our state define "incest" ? b. How does the law in our state define "indecent liberties" ? What is the penalty ? How does it define "communication with a minor for immoral purposes" ? c. Where can a teen go for low-cost or free legal help ? Do your parents have to give permission for you to press criminal charges or to sue ?

Instructions, continued ...

Topics and Field Trip Sites:	**Questions to Answer**:
4. "Prenatal Health and Drugs" the March of Dimes, the Red Cross, a prenatal program (such as, in Seattle, the Public Health prenatal clinic or the University Hospital prenatal program) or an obstetrician due: ____________	4.a. Can this drug harm the the sperm or egg *before* conception ? b. Can it cause birth defects ? Does it matter how much is used or when ? c. Can it cause miscarriage ? Premature birth ? Low birth weight ? d. How can this agency help a woman or couple before or during pregnancy if there is a drug problem or concern ? Is there a charge ?

Choose two of the following or any drug we have neglected to list. Study their effect on pregnancy.

cocaine
alcohol
aspirin
steroids
marijuana
amphetamines
laxatives
tranquilizers
tobacco
caffeine
antacids
lithium
cold medicines
acne medicines
barbiturates
hemorrhoid medicines

5. "Other Birth Defects" the March of Dimes, the Red Cross, a prenatal program or an obstetrician due: ____________	5.a. What is this birth defect and how does it affect a baby ? b. What causes it ? Can it be prevented ? Treated ? Cured ? c. How common is it ? d. How can this agency help a woman or couple who are concerned about this birth defect ? Is there a charge ?

Choose two of the following birth defects to study or any birth defect we have neglected to list.

Cerebral Palsy
Down's Syndrome
Phenylketonuria
Tay Sachs Disease
Cleft Lip or Palate
Hydrocephalus
Sickle Cell Anemia
Turner's Syndrome
Clubfoot
Klinefelter's Syndrome
Spina Bifida

Instructions, continued ...

Topics and Field Trip Sites:	**Questions to Answer:**
6. "Birth and Infant Health" Childbirth Education Association, La Leche League, a parenting program at a community college, a childbirth class at Red Cross due: ____________	6.a. How can this agency or program help a pregnant woman or couple ? Do they work with new parents ? b. Is there a charge ? An age limit ? c. What is the agency or program's philosophy ?
7. "Prescription Birth Control" a family planning clinic (such as the Public Health Department or Planned Parenthood), a family doctor or a gynecologist, a community clinic (such as, in Seattle, the Pike Market Clinic, the Holly Park Medical Clinic) due: ____________	7.a. Who comes to this agency or clinic for birth control ? b. Is there a charge ? An age limit ? Does a teen need a parent's permission ? c. What happens to a patient during a visit for birth control ? d. Can a patient bring her partner ... or a friend or parent ? e. What kinds of prescription birth control are available at this agency or clinic ?
8. "Non-prescription Birth Control" a drug store (pharmacy), a family planning clinic or, in Seattle, The Rubber Tree (a non-profit outlet for non-prescription contraceptives) due: ____________	8.a. Who comes to this store or clinic for birth control ? Mostly males ? females ? What ages ? b. Is there an age limit ? Does a teen need a parent's permission ? c. Are the contraceptives openly displayed or kept behind the counter ? d. What kinds of non-prescription birth control are available at this store or clinic ? Name a few brands and their prices.

Instructions, continued ...

Topics and Field Trip Sites:	**Questions to Answer**:
9. "Religion and Birth Control" a clergy (priest, minister, rabbi) or other religious leader (Sunday school teacher, Hebrew school teacher, etc.) due: ____________ ***Choose two religious faiths to study.***	9.a. What does this faith teach about birth control ? Are all methods acceptable ? Are any ? b. If a single person or couple came to you (the religious leader) for advice about birth control, what would you say ? c. What if a married person or couple came to you ? d. Has the teaching of this religion always been the same, regarding birth control ... or has it changed over time ?
10. "Sexually Transmitted Diseases (STDs): Tests and Treatment" an STD or AIDS clinic or any clinic or physician which tests and treats STDs (for example, the Public Health Department, Planned Parenthood, a family doctor, gynecologist, urologist) due: ____________	10.a. Who comes to this clinic for STD tests or treatment? Mostly males ? females? What ages ? b. Is there an age limit ? Does a teen need a parent's permission ? Is there a charge ? c. What happens to a patient during a visit for an STD (or AIDS) test ? d. Can a patient bring a partner ... or a friend or parent ?

Field Trip Grading Form

NAME: ______________________ DATE: ____________

TOPIC: ______________________________

NAME AND AFFILIATION OF THE INDIVIDUAL WHO WAS INTERVIEWED:

____

	POINTS
Did the "reporter" answer (accurately) all the questions they were supposed to address ? (up to 50 points)	____
COMMENTS:	
Did the "reporter" describe the *experience* ? (what it felt like to visit that particular agency; whether they would actually use or recommend it) (up to 10 points)	____
COMMENTS:	
Did the "reporter" bring back evidence of the visit? (for example, a brochure, business card, poster, etc.) (up to 20 points)	____
In the ***oral*** report, did the "reporter" speak clearly, loudly, and without having to read the written report word-for-word ? Did he or she answer students' questions ? (up to 10 points)	____
COMMENTS:	
Was the ***written*** report legible and organized ? Did the "reporter" use complete sentences ? Did he or she punctuate and capitalize correctly? (up to 10 points)	____
COMMENTS:	

TOTAL POINTS = ________

Field Trip Sign-Up Sheet

________ PERIOD

NOTE: Please do not add any lines. The number of lines below each topic is the maximum who can research that topic ... that way we will have variety in our reports.

1. CHILD SEXUAL ABUSE

____

____

____

2. DATE AND STATUTORY RAPE

____

____

____

3. OTHER SEXUAL ASSAULT

____

____

____

4. PRENATAL HEALTH AND DRUGS	*Which 2 drugs will you study?*
______________________________	____________ ____________
______________________________	____________ ____________
______________________________	____________ ____________
5. OTHER BIRTH DEFECTS	*Which 2 birth defects will you study?*
______________________________	____________ ____________
______________________________	____________ ____________
______________________________	____________ ____________

Sign-up Sheet, continued ...

6. BIRTH AND INFANT HEALTH

7. PRESCRIPTION BIRTH CONTROL

8. NON-PRESCRIPTION BIRTH CONTROL

9. RELIGION AND BIRTH CONTROL

Which 2 religions will you study?

10. STDs: TESTS AND TREATMENT

Lesson Plan 2

Touch & Abstinence

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Explain the importance of sexuality education and the philosophy of the unit.
2. List at least 3 reasons many teens decide to abstain from sexual intercourse.
3. Give examples of nurturing, affectionate, sexual and violent touch.

MATERIALS NEEDED:

PHOTOCOPIES
One per student of ...
   Position Paper
   Family Homework Exercise: Introduction
   Individual Homework Exercise: Introduction
One transparent set of ...
   Touch Transparencies 1-5

YARN
Two 20 to 30 foot pieces

COLORED PAPER
One sheet per student ... *
   1/4 blue, 1/4 yellow,
   1/4 pink, 1/4 green

TIME NEEDED:
one class period

* Plus one extra sheet of paper in each color. Write one of the terms "AFFECTIONATE," "SEXUAL," "NURTURING," and "VIOLENT" on each sheet.

AGENDA:

1. Use the Position Paper to introduce the rationale for and philosophy of the unit.
2. Use Touch Transparencies 1-5 to introduce the concept of four basic kinds of touch.
3. Use the Kinds-of-touch Exercise to reinforce the concept.
4. Answer any relevant questions from the "Touch and Abstinence" envelope.
5. Summarize the lesson and assign homework.

ACTIVITIES:

1. Hand out the Position Paper. Ask for four volunteers and have them read aloud the scripts for students A, B, C, and D. Then ask for volunteers to read the rest of the Paper aloud, a paragraph or so at a time, while everyone follows along.

   Ask if someone thinks he or she can summarize the philosophy of the unit. Some possibilities may be statements such as:

   "Sex can be a wonderful experience, under the right circumstances. It can also lead to hurt and crisis. Maturity and knowledge can help it be wonderful, instead of hurtful."

   "You have a right and a responsibility to yourself and the people you love to learn about your sexual self."

   "Caring, consideration, and honest communication are fundamental to healthy relationships. Knowledge is fundamental to healthy bodies."

2. Explain that it is ***not*** the unit's purpose to suggest that all sexual touch is bad (or risky) and ***certainly*** not that touch, in general, is bad. Explain that there is, indeed, a basic human need for touch; babies can even die if they don't get their touch needs met. But in their quest to meet that need, many people confuse sexual touch and other kinds of touch ... and end up getting sexual touch when they really wanted, for example, just to be held. Using Touch Transparency 1, explain that there are four basic kinds of touch in the world:

   NURTURING TOUCH ... which is comforting touch, mostly for the sake of the one being touched.

   AFFECTIONATE TOUCH ... which is more equally balanced between the two people, and which shows liking, affection, caring and/or joy.

   VIOLENT TOUCH ... which is rough touch, that can physically hurt someone, and which often shows anger or power.

   SEXUAL TOUCH ... which may last longer or be softer than affectionate touch, and which may involve sexual parts of the body (though not always) and which may lead to orgasm (though it often doesn't).

   Offer the following case studies and get students' help in identifying which kind of touch each one represents. (As they identify each, put the corresponding Transparency on the screen, superimposed upon Transparency 1.)

   A) Your father comes home from work, flops in a chair and sighs, "Oooh, my feet are killing me!" You offer to give him a foot massage. He gratefully accepts. What kind of touch is it ? *(Answer: nurturing ... Transparency 2)*

B) C.J. and Chris have been going together for a month. Whenever they see each other, their stomachs flipflop and they feel great. One day, their feelings lead to a kiss. What kind of touch is it ? *(Answer: sexual ... Transparency 3)*

C) There are several intramural team tryouts this week. You don't really care for team sports, but you are pretty competitive one-on-one and strong ... so you decide to go out for boxing. What kind of touch is it ? *(Answer: violent ... Transparency 4)*

D) You are watching television when your baby sister climbs into your lap. It feels nice; you put your arms around her and kiss the top of her head. What kind of touch is it ? *(Answer: affectionate ... Transparency 5)*

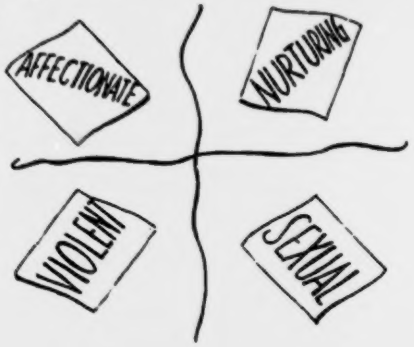
Point out that some touch falls into more than one category at a time. If a woman has muscular soreness and her partner offers her a body massage, it may be both nurturing and sexual at the same time. Roughhousing is often both affectionate and violent at once.

3. Use the Kinds-of-touch Exercise to reinforce the concept. Here's how:

Give each student one blank sheet of paper. One-fourth of the class will get a blue sheet; one-fourth, a yellow sheet; one-fourth, pink and one-fourth green. Ask them each to fold their paper in half and tear it into two pieces. Have them trade one paper with someone else, so they end up with two, different colored half-sheets.

Now, find the four big labels you prepared in advance (SEXUAL, VIOLENT, AFFECTIONATE and NURTURING). Suppose the one that says "SEXUAL" happens to be green. Hold it up, and ask everybody who has a green paper to write an example of sexual touch on their papers. Hold up each label in turn, and have the students whose color matches it, think of examples of that kind of touch. Thus, since everyone has two pieces of paper in front of him or her, everyone will write two examples. They need not put their names on their papers.

Next, have everyone stand up and form a circle around the perimeter of the room. Use two long pieces of yarn to divide the room into four quadrants, and put one of the four labels on the floor in each quadrant, like so:



Have everybody put their own examples in a pile in the appropriate quadrant and return to the circle. Then, you step into one quadrant at a time and read aloud some examples the class has generated. ***You may need to remind people why they established ground rules, yesterday, and that it is OK to have fun during this exercise, but not at anyone's expense.***

Pause at least once in each quadrant to emphasize that not everyone decides to include every kind of touch in his or her life. For example, some people spank children, and others don't. Some families hug all the time, and others don't. Some people (cultures, families) are uncomfortable with, or don't believe in, certain kinds of touch.

Have the class sit down.

4. Answer any relevant questions from the "Touch, Abstinence, and General Questions" envelope. Some of the "general" ones may be more appropriately answered in a later lesson or at the end of the unit.

5. Summarize the lesson by asking the class to recall the Sleeping Beauty analogy: *Sexual touch, like spinning, can make beautiful things. It also, like spinning, has risks.* People do have a natural need for touch, and teens are often "touch-starved" so to speak, as their families may begin to provide less affection and nurturing. Teens **can** choose non-sexual ways to meet their touch needs, until they are emotionally and physically mature.

Finally, assign homework. Possible assignments include,

> Family Homework Exercise: Introduction
To complete this, the student will also need to take home the Position Paper.

> Individual Homework Exercise: Introduction

NOTE: *As mentioned in lesson one, whenever you offer a Family Homework Exercise, it is essential to offer alternatives, as well, for students who may mot be able to (or may choose not to) complete an assignment with an adult family member. It is also important to emphasize the latter point: a Family Homework Exercise may be completed with any adult in the household. Some students may choose to work with a grandparent or other relative or close family friend. Explain, too, that all they turn in, when they do a Family Homework Exercise, is the Confirmation Slip at the bottom. They never report back on the content of the conversations; that is private.*

Position Paper

Student A: *Why do you guys think they added sex ed to the health class?*

Student B: *Because most people our age have sex, right? And they need to know how to be safe from AIDS.*

Student C: *But most people our age don't have sex. I heard it wasn't even half. I think it's stupid to add a sex ed unit. Then kids will think they're safe and go out and do it.*

Student D: *I don't think so. Even if they knew about condoms and all that stuff, they wouldn't be 100% safe (not from AIDS or pregnancy). I think it will make people stop and think ... people who might have just jumped into bed.*

Student A: *Besides, a good sex ed unit could teach kids who have decided to wait, how to stand up for themselves, the way we did in the drug unit.*

Student C: *I guess you're right. A class won't make people go against their own beliefs. It might even help people who have had sex in the past to think about the future and decide to stop.*

Student B: *And some kids will probably decide to have sex (or to keep having sex) even after they learn about the risks. I think a good sex ed unit would help them, too. It could help them learn how to cut down the risks, and how to get help if problems happen.*

Student A: *You have a point. I suppose it could also teach about things we'll all need to know ... like how to communicate better with friends and people you love.*

Student D: *And don't forget birth defects and cancers. I just think knowledge is better than ignorance, no matter what decisions you make.*

That's right. Ignorance is dangerous. Remember what it did to "Sleeping Beauty"?

Let's review the story.

The King and Queen, as you will recall, gave birth to a beautiful baby girl. All the kingdom was invited to celebrate the birth of the Princess.

However, one invitation got lost. It belonged to a witch who was so jealous at not being invited, she cast a spell on the Princess ... that on her sixteenth birthday, she would poke her finger on a spindle (sort of a needle, used to spin thread) and die.

Very saddened, another witch changed the spell, so the Princess would "only" fall into a thousand-year sleep.

So, what did her father, the King, do to protect her? He banned all the spindles from the Kingdom. (I don't know how his people made thread after that, but that's not what this story is about.)

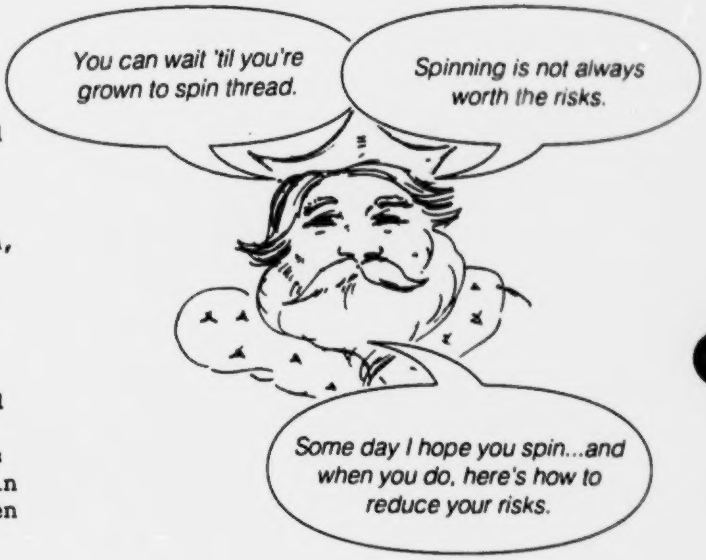
All the spindles were burned up in a great bon-fire. Consequently, the Princess grew up in a spindle-free environment. All was well and the Witch's curse was forgotten.

What the King didn't count on, was the intelligence of the Witch. She, of course, ***hid*** a spindle; it wasn't burned up with all the rest. On the sixteenth birthday of the Princess, the Witch pretended to be a kindly old lady, and the unsuspecting Princess was tricked into "learning to spin thread" ... with the forbidden spindle.

Of course, as you know, she did indeed poke her finger and fall into a thousand-year sleep.

Did you ever ask yourself why the King didn't just **use** the sixteen years to teach his daughter about the risks of spindles? Spindle-safety, like fire-safety and water-safety, could have been a basic part of the Princess' education.

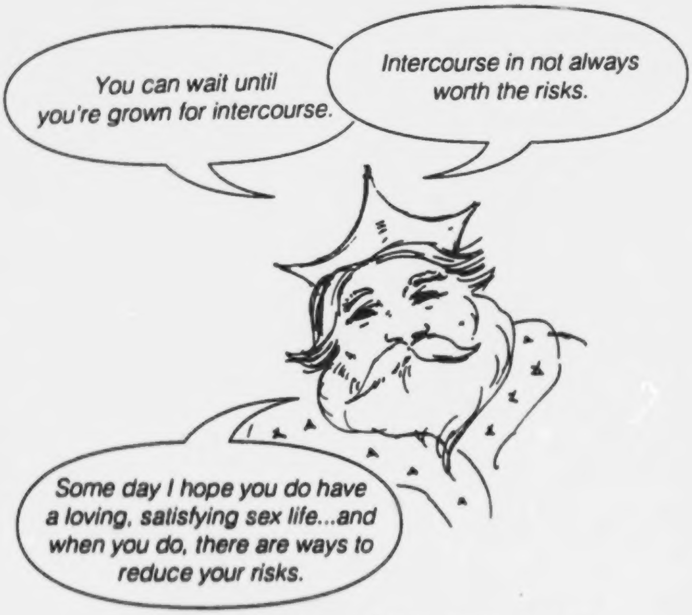
Instead, she grew up super-vulnerable to the risk because nobody ever said,


You can wait 'til you're grown to spin thread.
Spinning is not always worth the risks.
Some day I hope you spin...and when you do, here's how to reduce your risks.

The princess had never even seen a spindle, when the "sweet old lady" appeared. In fact, she didn't know what one was called so she couldn't look it up in the dictionary! **OF COURSE SHE GOT HURT; SHE WAS IGNORANT!**

Spinning is a lot like sex. They can both make beautiful things. Like golden thread, closeness is beautiful, and babies are quite beautiful, too ... and it's terrific when they come into a family that is ready and excited. Still, ***sex, like spinning, has risks.***

Keeping you ignorant would only set you up to face those risks, as Sleeping Beauty was set up. So let's hear it for knowledge!


You can wait until you're grown for intercourse.
Intercourse in not always worth the risks.
Some day I hope you do have a loving, satisfying sex life...and when you do, there are ways to reduce your risks.

What are the risks? Some are:

> that you'll get or give an infection ... maybe a very serious one like AIDS or cancer,

> that you'll have a crummy, lonely, disappointing experience that will louse up your ***future*** ability to love and trust,

> that you'll get stuck in an intimate relationship and have a really hard time breaking up,

> that you'll get terribly hurt if the ***other*** person decides to break up,

> that you'll get so intensely involved with one other person that you'll stop growing and learning in other parts of yourself,

> that you'll lose track of what really matters in a relationship and end up having only sex in common,

> that you'll have to face a pregnancy (your own or your partner's) that you aren't overjoyed about.

There's ***never*** any guarantee, even for very mature, married adults, that these things won't happen. You know that. But being grown up can help. Adults have had time to learn more about themselves, and, hopefully, to learn how to reduce the risks of these things happening. Marriage can symbolize the trust and commitment that make sexual touch a real gift. Under the right circumstances, sexual touch ***can*** be a very, very close, loving experience.

Learning is the first step toward a joyful, healthy sex life. Here's to your future.

The analogy of Sleeping Beauty was adapted, with permission, from *Guidelines for Family Life Education, Grades 7-12, Lev, Family Planning Council of Western Massachusetts, '79.*

Family Homework Exercise: Introduction to the Unit

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

PURPOSE: This is a chance to share with one another some of your own (and your family's, your religion's) beliefs about sexuality and sexuality education. We hope it will also give you a chance to get to know one another a little better.

DIRECTIONS:

Find a quiet place, where the two of you, parent (or stepparent, adult friend of the family, etc.) and student, can talk privately. Set aside about an hour. During this time, you will give all your attention to one another ... not answering the phone, watching t.v., and so on. Begin by reading aloud the Position Paper from today's class.

Now, ask one another the following questions, with the understanding that:

> *you are each welcome to say, "That one is too private. Let's skip it."*

> *what you discuss will not be shared with anyone else, even within the family, unless you give one another permission to share it.*

> *it's OK to feel silly or awkward and it's important to try the Exercise anyway.*

We recommend that you take turns asking questions. When it is your turn to listen, really try to understand the other person's response.

ASK THE ADULT: What kind of sexuality education do you remember getting, at home or at school? What do you recall about it?

ASK THE STUDENT: What do you like so far about this sexuality unit at school? What don't you like?

ASK THE ADULT: What 3 things do you wish you had known about sexuality when you were my age?

ASK THE STUDENT: What do you think about "going together" ... agreeing to be "boyfriend and girlfriend"? What are the advantages and disadvantages of it?

ASK THE ADULT: Have you ever fallen in love? When? What was it like? How did you know it was love?

Family Homework, continued ...

ASK THE STUDENT: Do you think you'll ever be in a committed, life-long relationship? If so, what kind of person would you want it to be with? If not, why not?

ASK THE ADULT: When do you think a person is ready for sexual intercourse?

ASK THE STUDENT: When do you think a person is ready to become a parent?

ASK THE ADULT: Describe one thing you really like about me.

ASK THE STUDENT: Describe one thing you really like about me.

FEEL FREE TO ASK ONE ANOTHER OTHER QUESTIONS.
JUST REMEMBER THE OTHER PERSON HAS A RIGHT TO CHOOSE NOT TO ANSWER.

This exercise was adapted, with permission, from *The Talk- To-Me Books*, Reis and McGuire, 1983, 1988, Planned Parenthood of Seattle-King County. If you found the Exercise useful, and would like to do more of the same kind of thing, call (206) 328-7715 for ordering information.

FOR FULL CREDIT, THIS EXERCISE IS DUE: __________
IF YOU WANT CREDIT, SIMPLY TURN IN THE SLIP, BELOW.

FAMILY HOMEWORK CONFIRMATION SLIP

We have completed "Family Homework Exercise: Introduction to the Unit".

Date: ____________________

student's signature: ____________________

adult's signature: ____________________

Individual Homework Exercise: Introduction to the Unit

PURPOSE: This will give you a chance to think about what ***you*** mean by the vocabulary you use when it comes to sexuality ... and how you ***feel*** about those meanings.

DIRECTIONS:

Below is a list of words, all of which have something to do with sexuality. They are adjectives and nouns that people sometimes use to describe themselves or others. Pick any ten (10) of the words. You can discuss them on paper (4-5 pages, altogether) or on a cassette tape (12-15 minutes). Here are some ideas to include in your discussion:

> Define it ... using your own words or quoting someone else's (if you quote other people, give them credit).

> Describe the term ... Is it neutral/clinical? negative/demeaning/ derogatory? positive/complimentary? slang? tasteful? rude? Does it depend on who uses it? Does it depend on who it is used **about**?

> Give an example of how a person might use the term in a positive way, if there is one. If you find the term offensive or rude, can you think of a more tactful way of saying more or less the same thing ... one that you prefer? If so, what is it? If not, explain why there is no tactful way, in your opinion.

> Compare it or contrast it with another term on the list.

> Explain the origins of the term (you'll probably have to look this up).

AFFECTIONATE
AGGRESSIVE
ASSERTIVE
BACHELOR
CARING
COLD
COMMITTED
CON ARTIST
CONFIDENT
ETHICAL
EXPERIENCED
EXPLOITIVE
FAGGOT
FAITHFUL
FEMININE
FLIRT
FRIEND
GAY
HETEROSEXUAL
HOME BOY
HOMOSEXUAL
HONEST
HORNY
HUNK
IMMATURE
JERK
JOCK
LESBIAN
MACHO
MANIPULATIVE
MASCULINE
MODEST
MORAL
NASTY
NERD
OLD MAID
PASSIVE
PLAYER
PLAYFUL
POPULAR
PROUD
QUIET
RESPONSIBLE
RESPECTFUL
ROMANTIC
SELF-CENTERED
SENSITIVE
SEXIST
SEXY
SLUT
STRAIGHT
STUCK-UP
SWEET
TEASE
TENDER
UPTIGHT
USER
VIRGIN
WHORE
WIMP

NOTE: *You will not be graded on your opinions ... you can get credit simply for doing a thorough job of the exercise.*

FOR FULL CREDIT, THIS EXERCISE IS DUE: ________

Touch Transparency 1

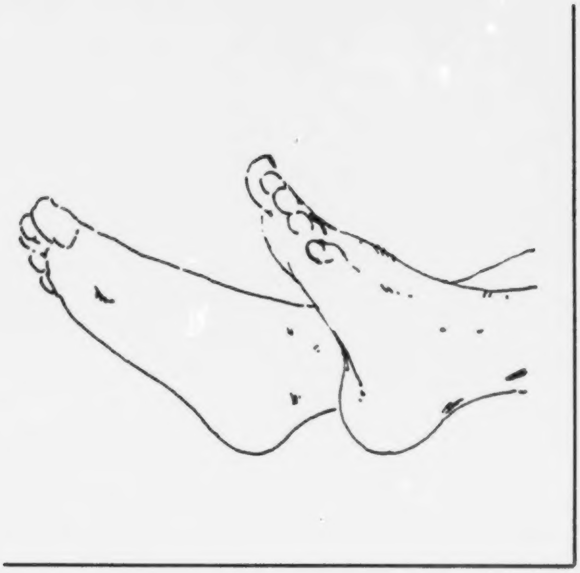
Nurturing Touch

Affectionate Touch

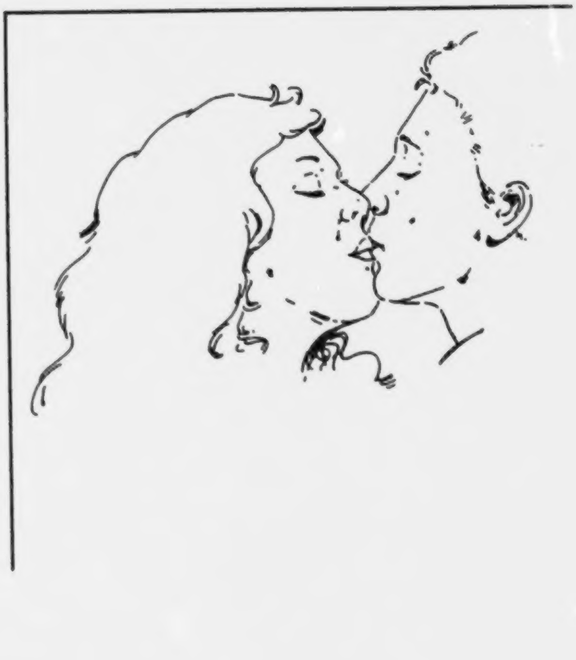
Violent Touch

Sexual Touch

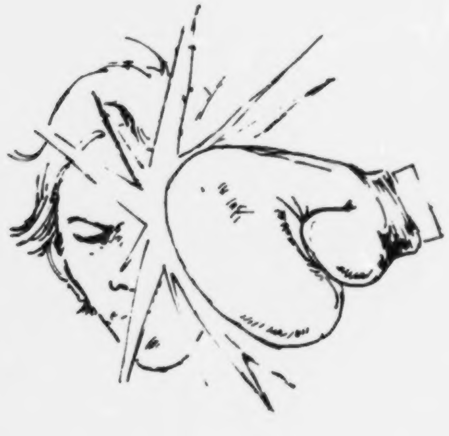
Touch Transparency 2



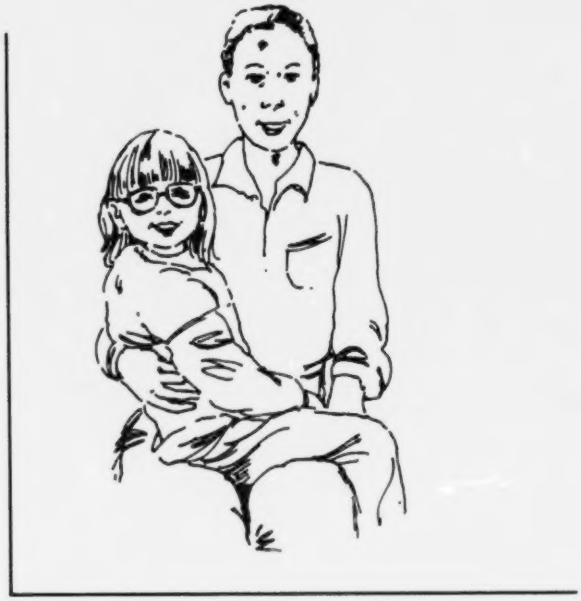
Touch Transparency 3



Touch Transparency 4



Touch Transparency 5



Lesson Plan 3

Reproductive System

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Locate and spell at least 75% of the parts of the male and female reproductive systems, given drawings without labels.
2. Recall and pronounce the names of at least 75% of the parts of the male and female reproductive systems, given descriptions of their functions.

MATERIALS NEEDED:

PHOTOCOPIES
One transparent copy of ...
  Reproductive System
    Transparencies 1-6
One per student of ...
  Reproductive System
    Worksheets 1 and 2
  Reproductive System
    Reference Sheet
  Individual Homework Exercise:
    The Reproductive System

TIME NEEDED:
one class period

AGENDA:

1. Discuss the purpose of the lesson.
2. Use the blackboard or Transparencies 1-6 to describe the male and female reproductive systems (including the size, shape, location, and function of each part).
3. Hand out Reproductive System Worksheets, filling them out as a whole class.
4. Hand out the Reproductive System Reference Sheet, having volunteers read it aloud, if time allows.
5. Assign homework.

ACTIVITIES:

1. Identify the lesson as, primarily, a review of information many students learned in earlier grades. Explain, too, that being well-grounded in knowledge about the reproductive system will help them make sense of discussions later in the unit about birth control, diseases, etc.

2. Use the blackboard (drawing the reproductive systems) and/or Reproductive System Transparencies 1-6 to describe the functions and the sizes/locations/shapes of each part. This should take 20-30 minutes. These lecture notes will help:

PART	"JOBS"/ FUNCTION(S)	APPROXIMATE ADULT SIZE/LOCATION/SHAPE
navel	*allows passage of oxygen and nourishment, before birth ... then it stops working*	*on the abdomen, it isn't part of the reproductive system*
abdomen (also called the belly)	contains most of our internal organs	the part of the body between the rib cage and the pelvis
buttocks	*provides cushion for tail bone* *contains muscles for movement*	*isn't part of the reproductive system*
pelvis (the "pelvic region"= the lower abdomen)	supports and protects the internal reproductive organs	bowl-shaped bone structure
penis (made up of shaft, glans, and sometimes foreskin)	*allows passage of urine* *allows passage of semen* *provides sensation (has many nerve endings)*	*3-5 inches, when not erect* *5-7 inches, when erect*
foreskin	none we know of; males who have been circumcised don't have one	like a sleeve, covers most of the glans of the penis, when it isn't erect

PART	"JOBS"/ FUNCTION(S)	APPROXIMATE ADULT SIZE/LOCATION/SHAPE
scrotum	*holds testes* *controls temperature* *provides sensation*	*muscular sac which is shorter when cold, longer when warm*
testes (singular= testis ... also called testicles)	produce sperm produce sex hormones (androgens, testosterone)	(two) comparable to small plums, each is made of over a mile of tightly coiled tubes they're parts of both reproductive and endocrine systems
epididymis (plural= epididymes)	*allow maturation of sperm*	*(two) more tubes, they form a cap on the back and top of the testes, each leading from one of the testicles*
cilia (singular= cilium)	sweep an ovum down the fallopian tube sweep sperm cells through the epididymis	(many) hair-like structures which line the fallopian tubes and the epididymes (also line lungs)
spermatic cords	*suspend the testis* *supply blood to the testis* *provide sensation* *carry sperm from the testis*	*(two) each one is a multi-stranded cable, consisting of 2 arteries, 3 groups of veins, some nerve branches, and one vas deferens*
vas deferens (plural= vasa deferentia ... also called sperm ducts)	provide storage for sperm allow passage of sperm	(two) each is as big around as sewing thread (inside diameter at the end nearest the epididymis) they lead into the abdomen, where (behind the bladder) they widen into storage sacs
bladder	*provides storage for urine*	*comparable to an orange, it isn't part of the reproductive system*

PART	"JOBS"/ FUNCTION(S)	APPROXIMATE ADULT SIZE/LOCATION/SHAPE
seminal vesicles	contribute fructose (sugar) to semen for nourishing the sperm	(two)2 inch sacs, each opens into a vas deferens
semen	*helps sperm live longer and travel better*	*(about a teaspoonful per ejaculation)*
prostate gland	contributes fluid to semen for sperm's mobility (their ability to travel)	comparable to a grape, it lies below the bladder
Cowper's glands (also called bulbourethral glands)	*produce fluid that cleanses the urethra of acid (from urine) to protect the sperm*	*(two)comparable to pearls they're below the prostate on either side of the urethra (opening into it)*
spermatazoa (singular= spermatazoon ... also called sperm cells)	carry strings of genes called chromosomes to provide plans for next generation	(200-500 million per ejaculation)microscopic, shaped like tadpoles, but 1,000 times smaller than an ovum
urethra	*allows passage of urine* *in males, also allows passage of semen*	*in female, it's the front of three openings and isn't part of the reproductive system* *in male, it's the tube inside the penis*
anus	allows passage of bowel movement (feces)	the opening from the rectum and lower intestines, it isn't part of the reproductive system in female, it's the third of three openings
uterus (made up of muscular walls, a lining called the endometrium, and a cervix ... uterus is also called womb)	*houses and protects embryo/fetus/baby* *allows nutrient and waste exchange with placenta* *nourishes an embryo, before a placenta grows*	*comparable to upside-down pear, when not pregnant, but very stretchy*

PART	"JOBS"/ FUNCTION(S)	APPROXIMATE ADULT SIZE/LOCATION/SHAPE
cervix	*produces fluids to help sperm travel* *produces a mucous plug to keep germs out, during pregnancy*	*is actually the neck of the uterus...its opening into the vagina looks like a tiny pink donut, feels like tip of the nose*
vagina (also called birth canal ... partly covered at birth, in most cases by a hymen)	allows passage of shed endometrium during menstruation allows passage of sperm allows passage of baby produces fluids to cleanse and lubricate itself and to help sperm travel provides sensation	a collapsed tube, like a not-blown-up balloon, 2-4 inches long when not sexually aroused and not giving birth, but very stretchy is the middle of female's three openings
hymen	*none we know of; females who have had intercourse (and many who have* ***not****) have no hymen, or less of one, because it has torn or stretched out of the way*	*membrane partly covering vaginal opening*
ova (singular= ovum ... also called egg cell)	carry strings of genes called chromosomes to provide plans for next generation	(usually one per cycle) about size of the period at the end of a sentence(.)
ovaries (singular= ovary)	*provide storage for ova* *allow maturation of ova* *produce sex hormones (estrogen, progesterone, androgens)*	*(two) comparable to small plums, they're parts of both reproductive and endocrine systems* *they are attached, by ligaments, to each side of the uterus*
fallopian tubes (also called oviducts)	allow passage of ova allow passage of sperm	(two) 4 inches long, trumpet-shaped, not much larger than ovum at uterine end...with finger-like fimbriae at loose end, and lined with hair-like cilia

PART	"JOBS"/ FUNCTION(S)	APPROXIMATE ADULT SIZE/LOCATION/SHAPE
fimbria (plural= fimbriae)	*find an ovum and draw it into a fallopian tube*	*(many)fringe- or finger-like outer ends of the fallopian tube*
vulva (made up of labia majora, labia minora, and clitoris)	protects openings of urethra and vagina, as eyelids protect eyes	labia are folds of skin, outer labia (labia majora) have pubic hair
clitoris (made up of shaft, glans and hood)	*provides sensation (has many nerve endings)*	*shaft about 1 inch long, glans comparable to a pearl* *at front of vulva, where the labia meet*
clitoral hood	protects the glans of the clitoris	like a cap, mostly covers the clitoris, when it isn't erect

3. Hand out Reproductive System Worksheets 1 and 2. Fill them out aloud together, encouraging as much participation by the students as possible.

4. Hand out the Reproductive System Reference Sheet. If time allows, have volunteers take turns reading it aloud. If not, simply explain that people should read it as part of their homework.

5. Assign homework. Make sure students realize that this particular homework is due **tomorrow**. Answers to the Individual Homework Exercise are as follow:

BOX ONE: MALE
1. Cowper's gland (2)
2. epididymis (2)
3. foreskin (1) *
4. penis (1)
5. prostate gland (1)
6. scrotum (1)
7. seminal vesicle (2)
8. spermatic cord (2)
9. testicle (2)
10. vas deferens (2)

BOX TWO: FEMALE
1. cervix (1)
2. clitoral hood (1)
3. clitoris (1)
4. fallopian tube (2)
5. fimbria (M)
6. hymen (1) *
7. ovary (2)
8. uterus (1)
9. vagina (1)
10. vulva (1)

BOX THREE: PARTS THAT BOTH SEXES HAVE
1. abdomen (1)
2. anus (1)
3. bladder (1)
4. buttocks (1)
5. cilia (M)
6. navel (1)
7. pelvis (1)
8. urethra (1)

Each correct answer is worth 2 points, if spelled correctly (only 1 point, if misspelled). Each answer in parentheses is worth another point. Thus, the total possible so far is 84 (28 X 3).

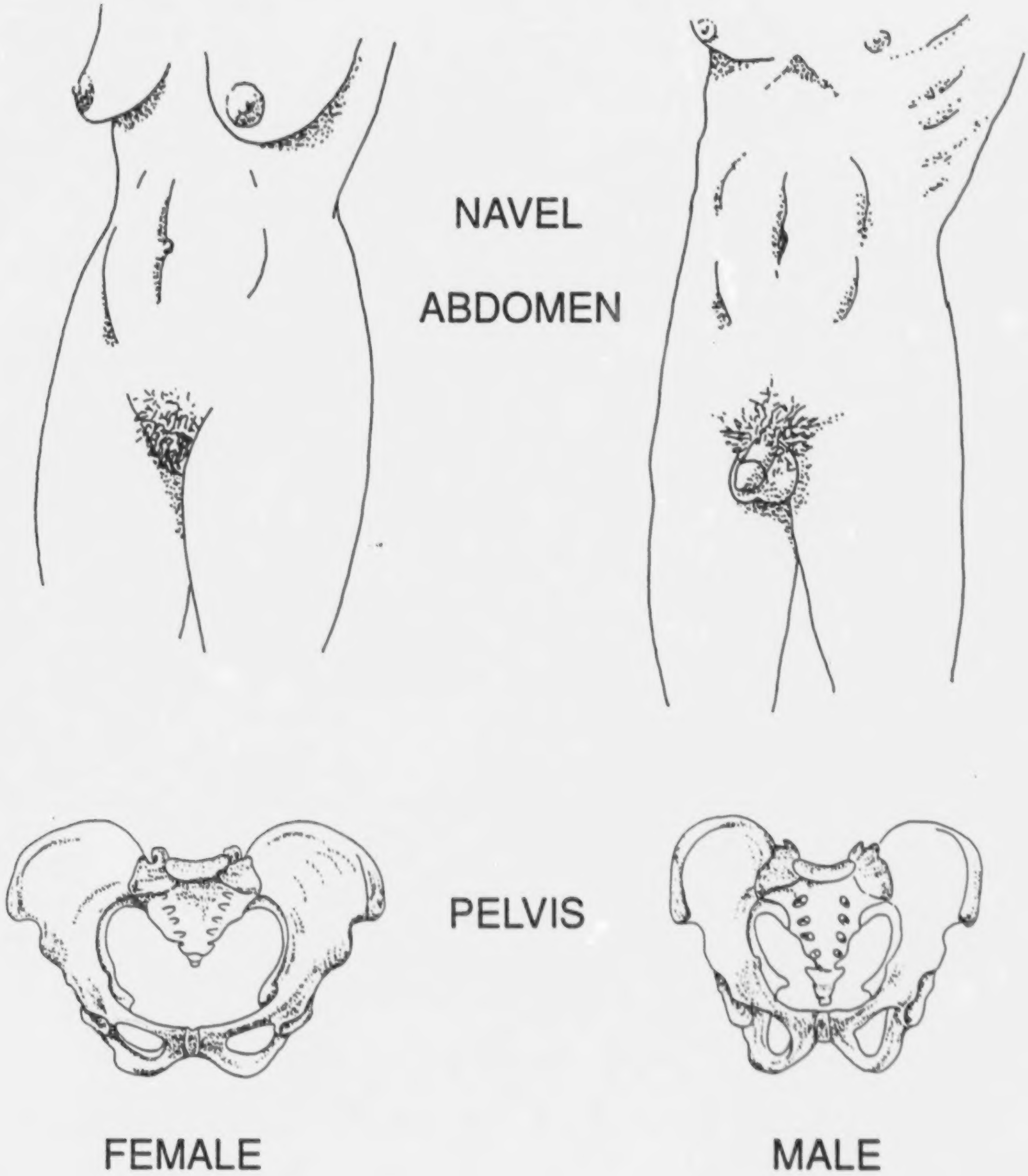
FILL IN THE BLANKS:
A) ovum
B) ova
C) sperm
D) semen
E) ejaculation
F) menstruation
G) nocturnal emission

Each correct word is worth 2 points ("nocturnal emission" counts as two separate words, each worth 2 points) *if spelled correctly* (1 point, if misspelled). Thus, the total possible for the fill-in-the-blanks section is 16 (8 X 2).

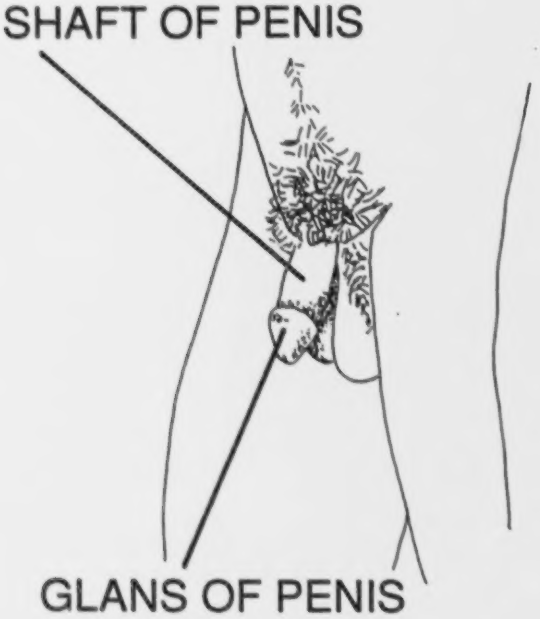
So the exercise is worth 100 points, altogether.

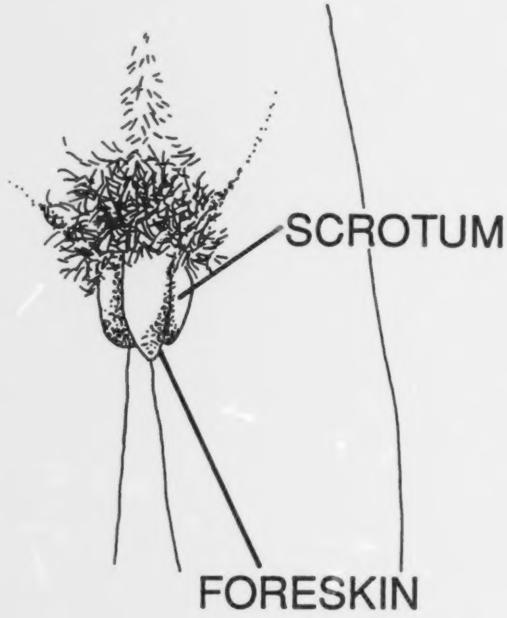
* Give the student 5 ***bonus*** points if they thought to mention that some people do ***not*** have the asterisked (*) parts. That is, some males do not have a foreskin and some females do not have a hymen; thus, the most accurate answers in parentheses for these would be (0-1).

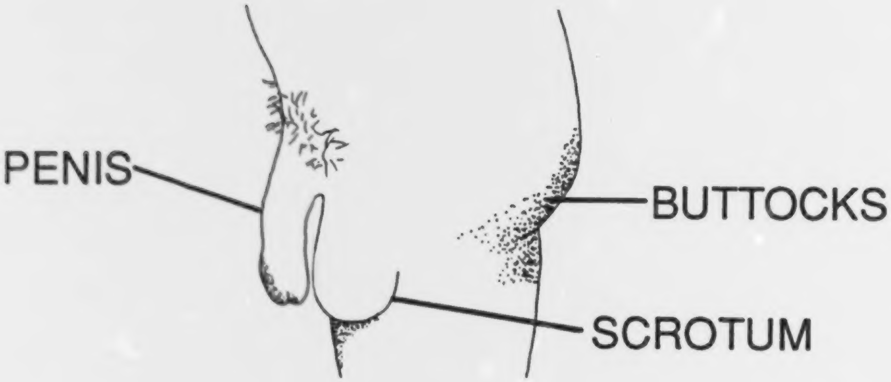
Reproductive System Transparency 1


NAVEL
ABDOMEN
PELVIS
FEMALE
MALE

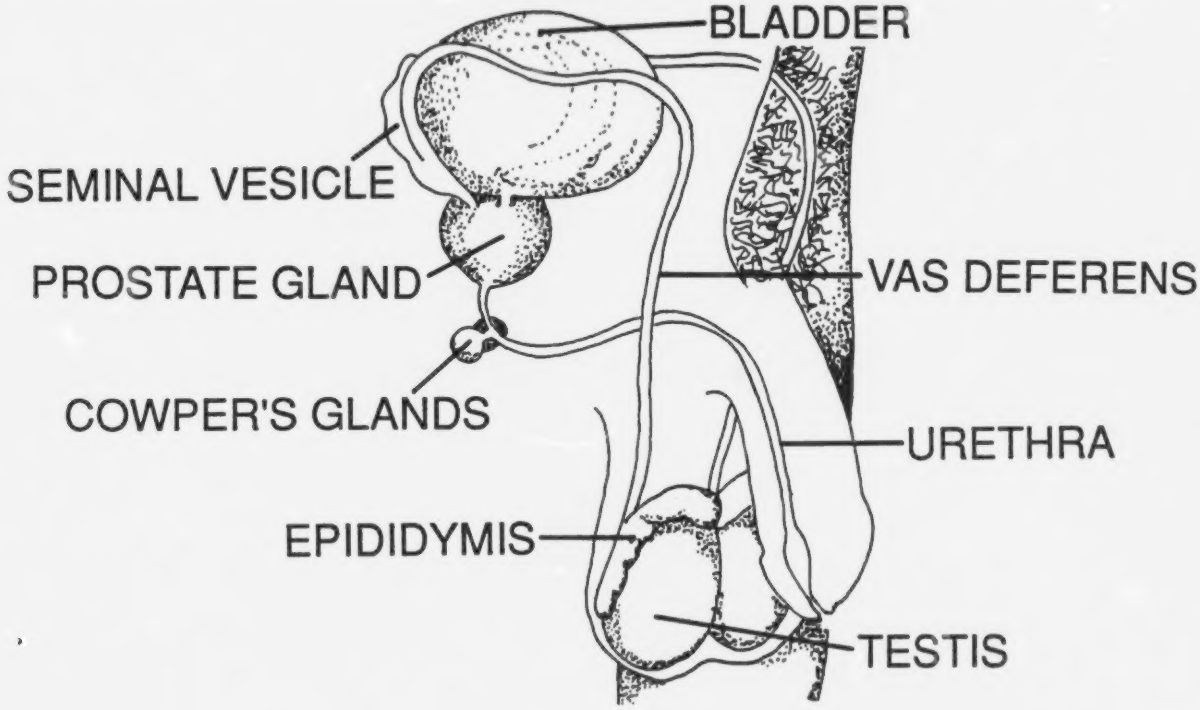
Reproductive System Transparency 2

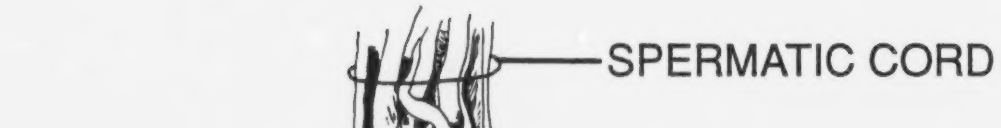

SHAFT OF PENIS
GLANS OF PENIS


SCROTUM
FORESKIN


PENIS
BUTTOCKS
SCROTUM

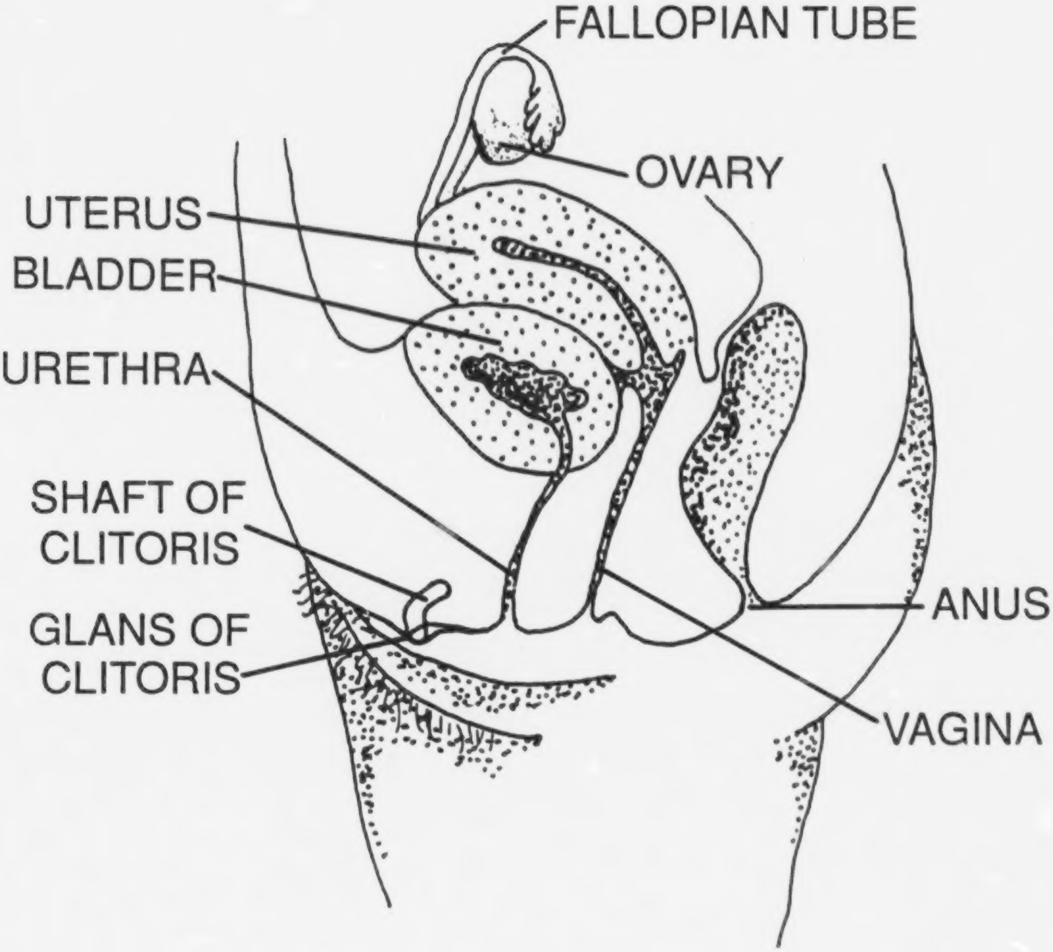
Reproductive System Transparency 3


BLADDER
SEMINAL VESICLE
PROSTATE GLAND
VAS DEFERENS
COWPER'S GLANDS
URETHRA
EPIDIDYMIS
TESTIS

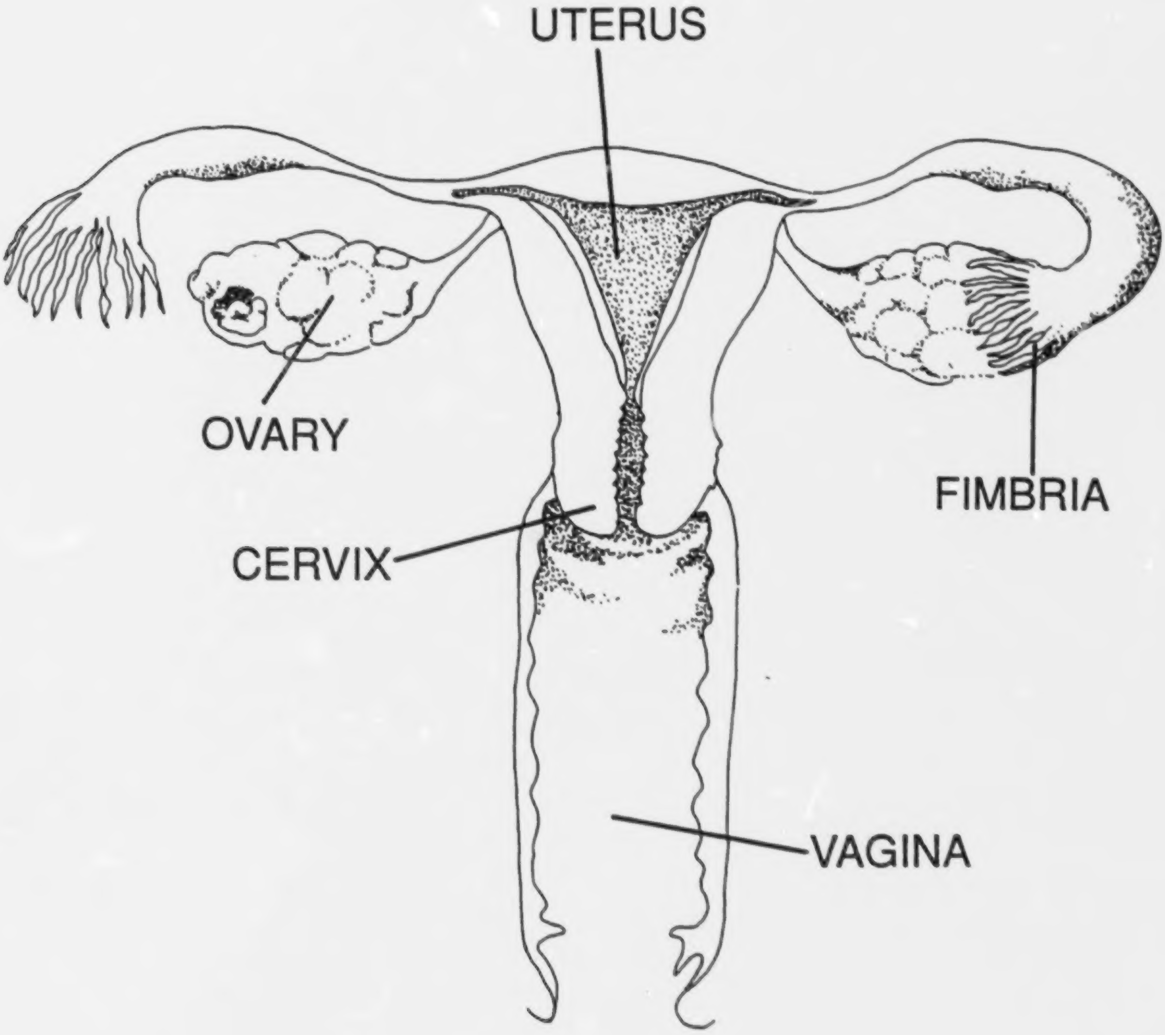

SPERMATIC CORD
VEINS AND ARTERIES
VAS DEFERENS
EPIDIDYMIS
TESTIS
SCROTUM

CILIA LINE EACH VAS DEFERENS

Reproductive System Transparency 4


FALLOPIAN TUBE
OVARY
UTERUS
BLADDER
URETHRA
SHAFT OF CLITORIS
GLANS OF CLITORIS
ANUS
VAGINA

Reproductive System Transparency 5

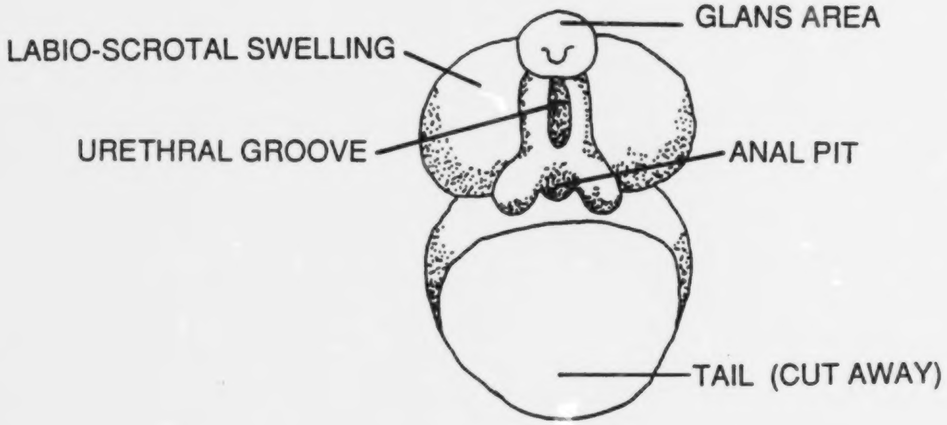

UTERUS
OVARY
FIMBRIA
CERVIX
VAGINA

CILIA LINE EACH FALLOPIAN TUBE

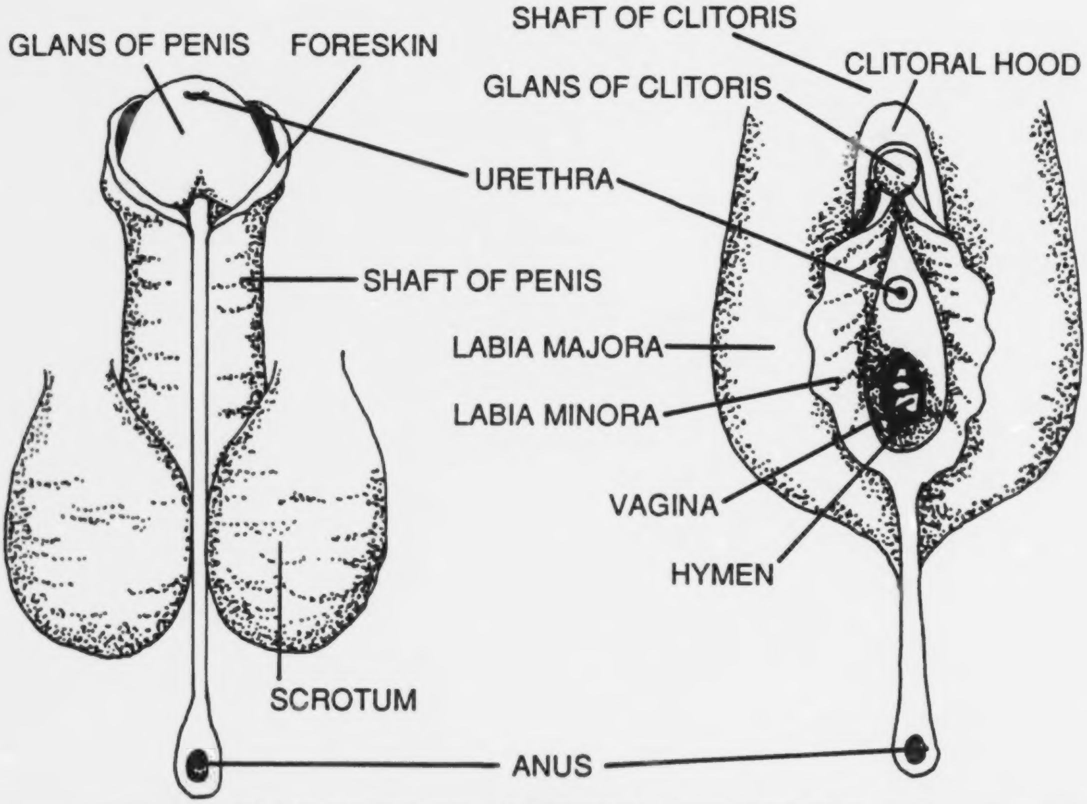
Reproductive System Transparency 6

PRENATAL DEVELOPMENT OF THE GENITALS

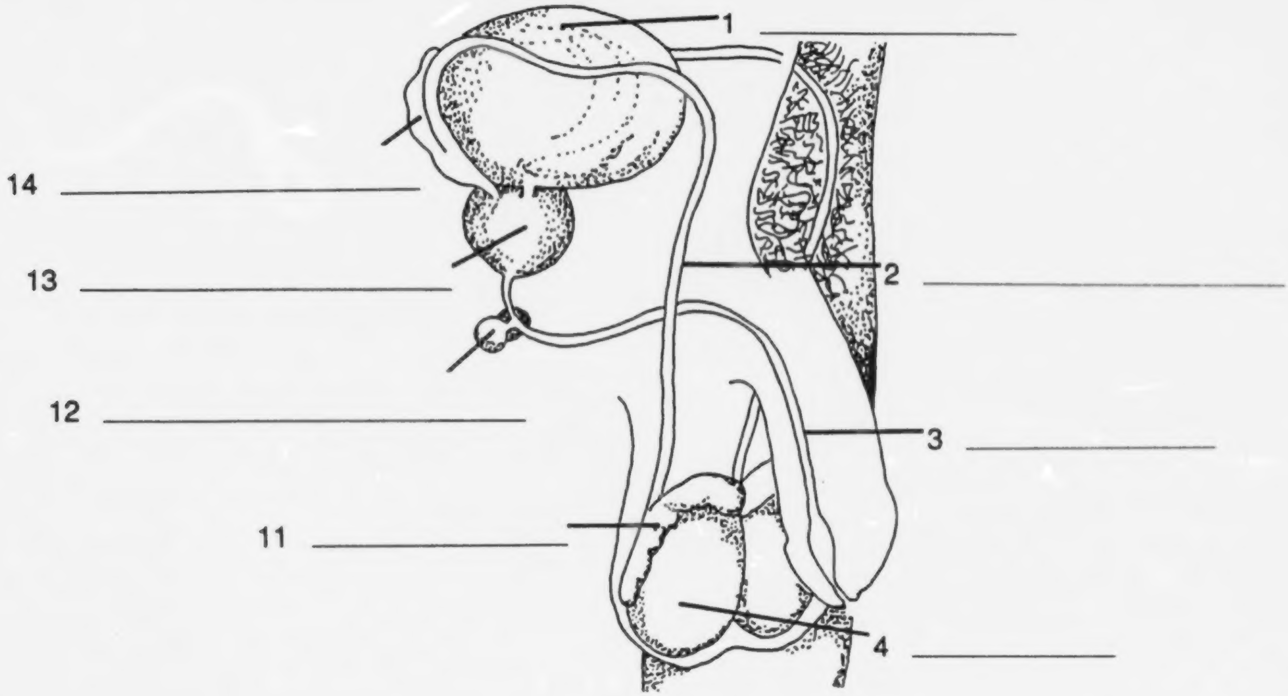
TWO OR THREE MONTHS' GESTATION


GLANS AREA
LABIO-SCROTAL SWELLING
URETHRAL GROOVE
ANAL PIT
TAIL (CUT AWAY)

FULLY DEVELOPED


SHAFT OF CLITORIS
GLANS OF PENIS
FORESKIN
CLITORAL HOOD
GLANS OF CLITORIS
URETHRA
SHAFT OF PENIS
LABIA MAJORA
LABIA MINORA
VAGINA
HYMEN
SCROTUM
ANUS

Reproductive System Worksheet 1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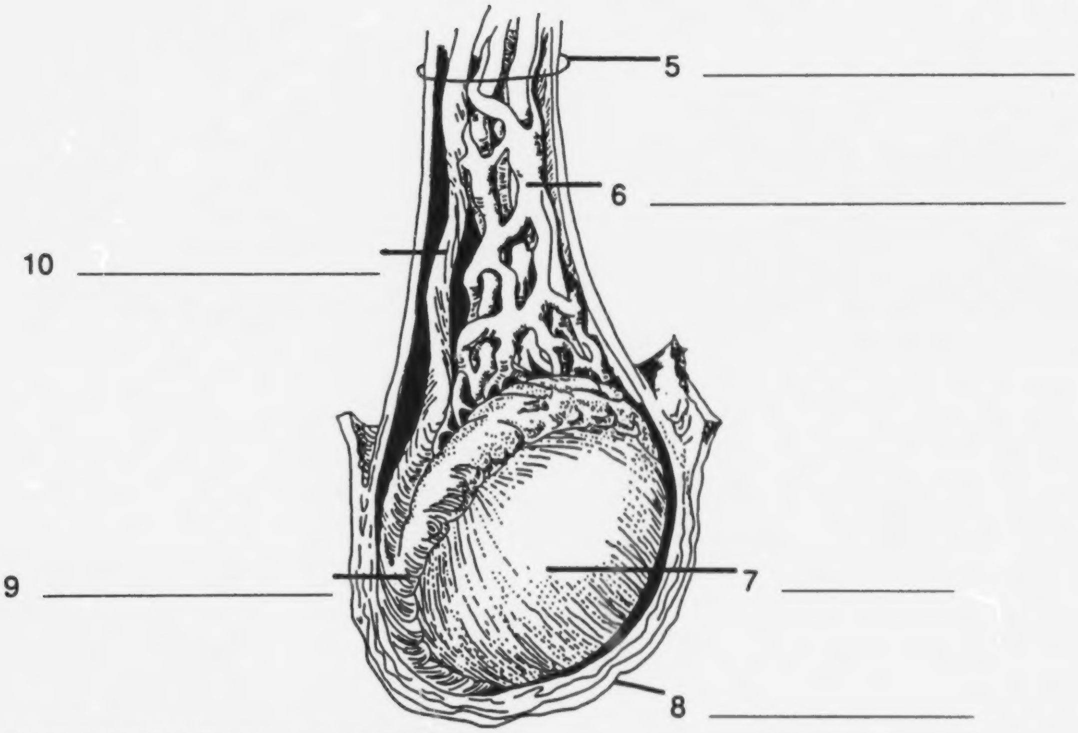
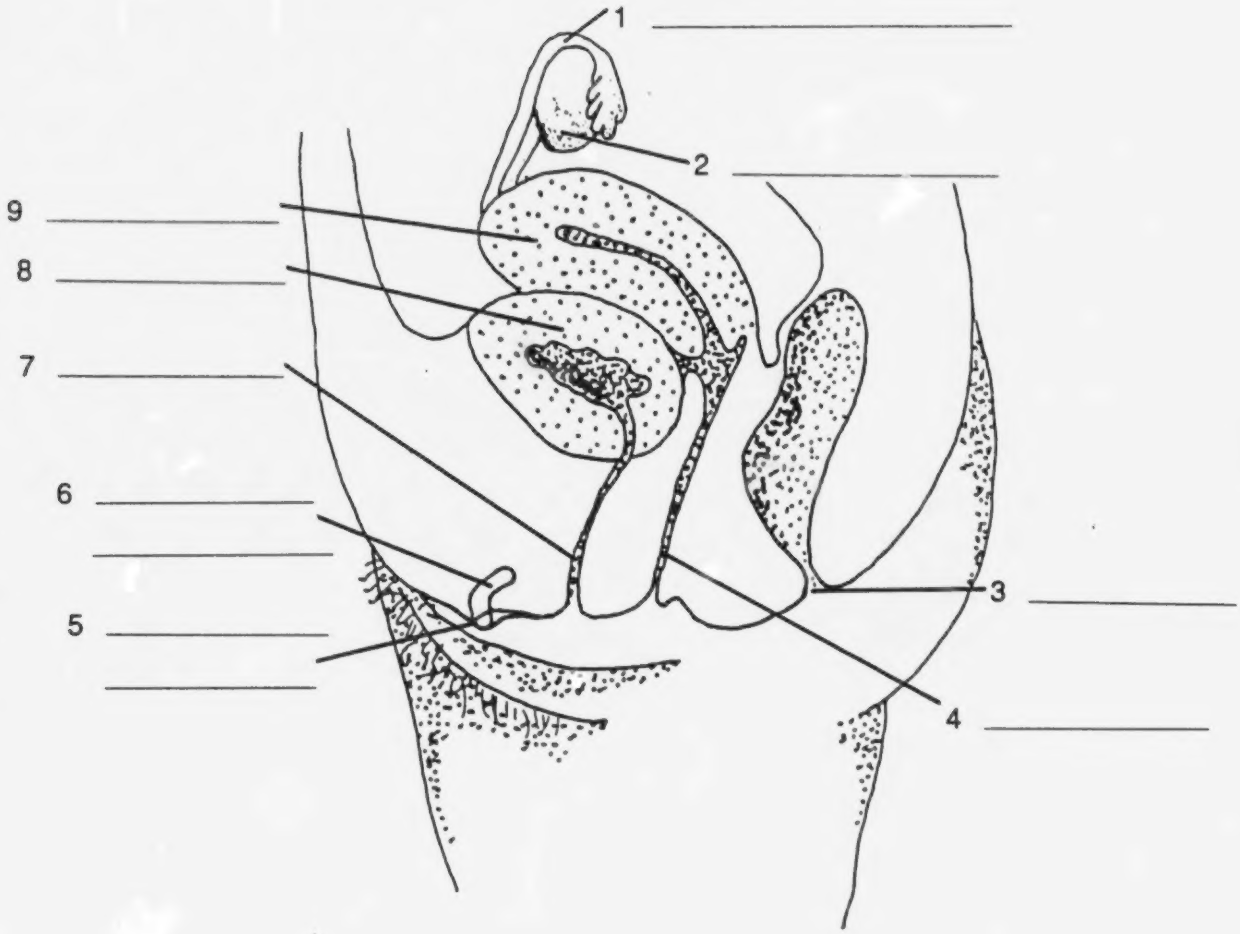


CILIA LINE EACH VAS DEFERENS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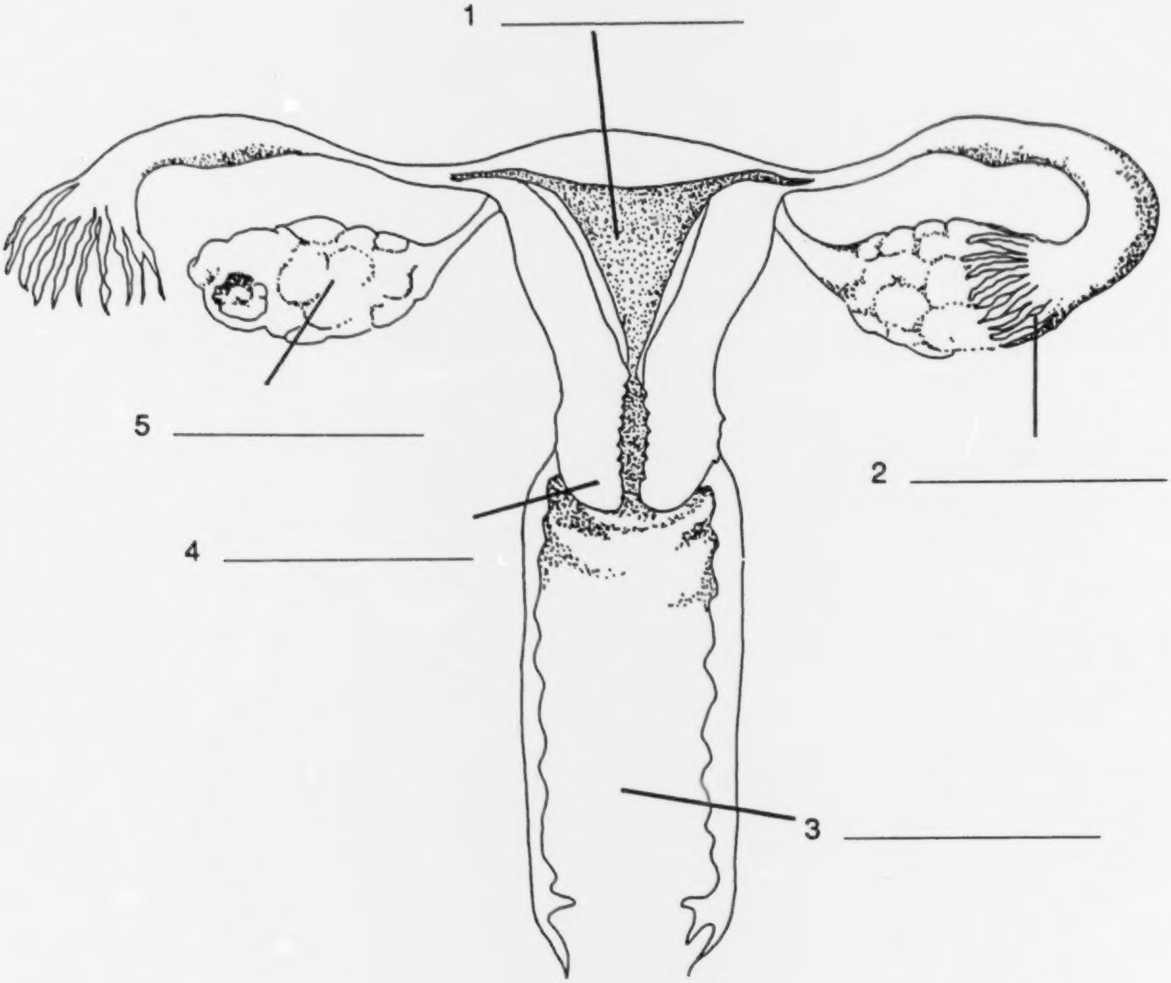
Reproductive System Worksheet 2



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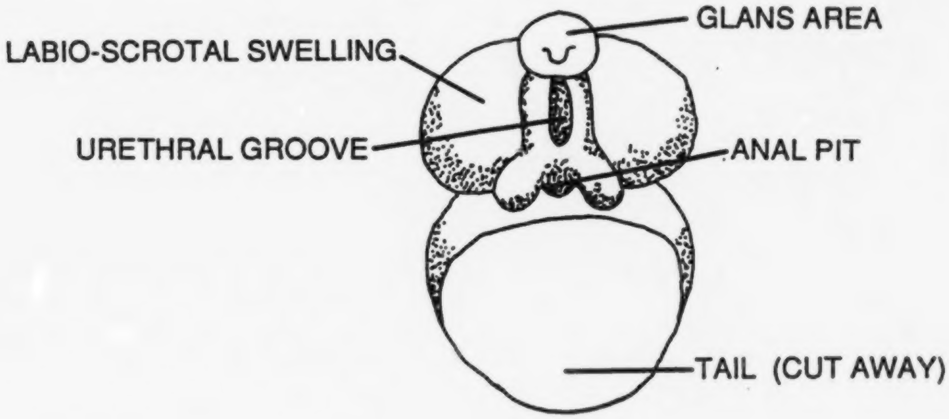
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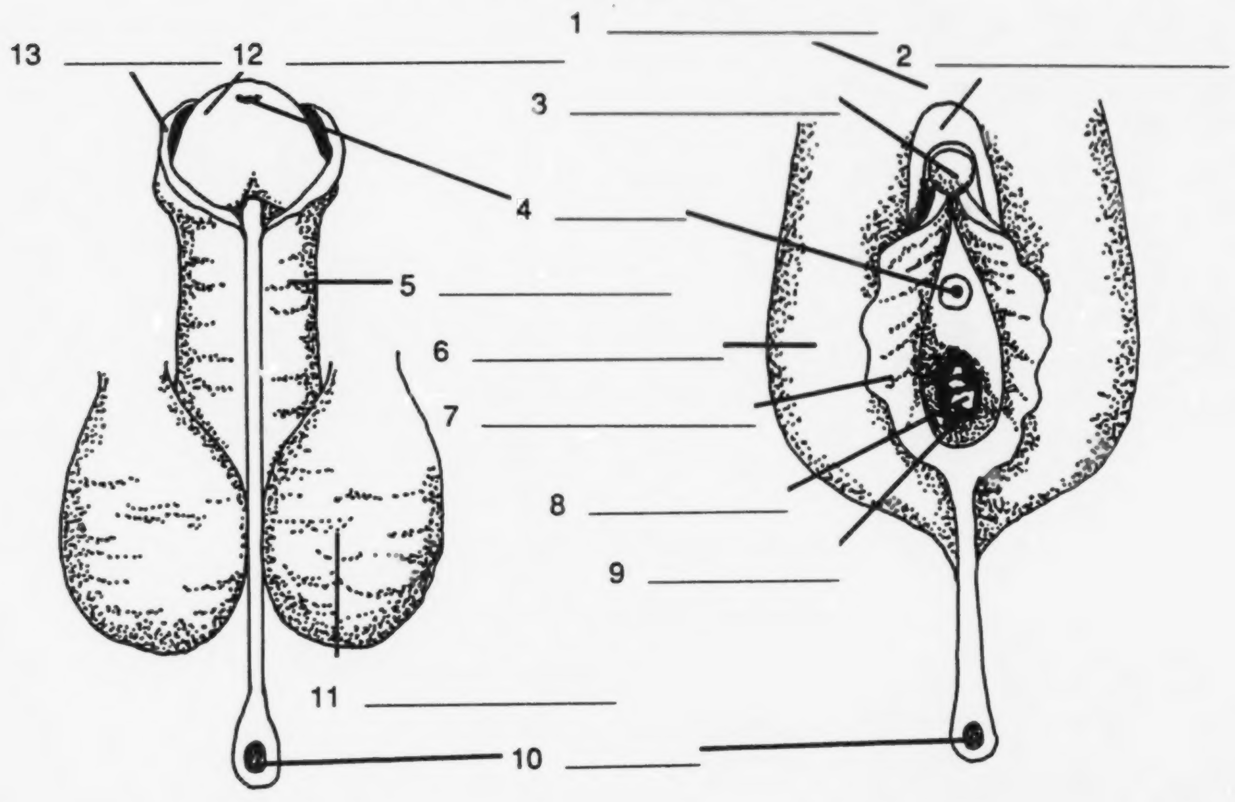
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Reproductive System Reference Sheet

SHORT GLOSSARY OF TERMS

ABSTINENCE

Choosing not to do something. In this context, it means choosing not to have sexual intercourse. Most people abstain from intercourse at some times during their lives.

DISCHARGE

Fluid. Urine and semen are kinds of discharge, but the word is usually used to describe either the normal wetness of the vagina or the abnormal wetness that may come from an infection in the penis or the vagina.

EJACULATION

The release of semen from the penis.

ERECTION

The penis or clitoris filling with blood and becoming larger and harder.

FECES

Solid waste that is made in the intestines (the bowels). It is sometimes called a bowel movement. It is released through the anus, when we go to the bathroom.

GENITALS

The parts of the reproductive system on the outside of a person's body. The female genitals may also be called the vulva.

MASTURBATION

A person stroking his or her own genitals for pleasure or comfort. Most people masturbate at some times during their lives; some choose not to. It *is* controversial (each culture, religion, and family has its own beliefs about whether or when it is OK).

MENSTRUATION

The lining of the uterus (the endometrium) emptying out. It is sometimes called "having a period."

NOCTURNAL EMISSION

Ejaculation of semen during sleep. It is sometimes called "having a wet dream," although it doesn't mean the person was necessarily dreaming.

ORGASM

Very pleasurable sensation. It is a series of muscular contractions of the reproductive organs, followed by muscular relaxation and a sense of relief and well-being. Masturbation and sexual intercourse often lead to orgasm. In males ejaculation usually happens at the same time.

OVULATION
The release of an ovum from the ovary.

OVUM
The cell from a woman (called, in English, an "egg") which carries strings of genes (called chromosomes) to provide the plans for the next generation. The plural of ovum is ova.

REPRODUCTION
Making more of something. In this context, it means humans making babies ... more humans.

SEMEN
The fluid which helps sperm live longer and travel more easily.

SEXUAL INTERCOURSE
Some kinds of very close sexual touch. Specifically, it is called "vaginal intercourse" when the penis is inside the vagina. This is how most pregnancies begin. It is called "oral intercourse" when the mouth touches the genitals. It is called "anal intercourse" when the penis is inside the anus. Most people have intercourse at some times during their lives; some choose not to. It *is* controversial (each culture, religion, and family has its own beliefs about when it is OK and about which kinds are OK).

SEXUALITY
The part of all human beings which has to do with being male or female, being able to trust and love, needing and enjoying touch and closeness, liking and respecting ourselves and others, and reproducing (making babies).

SMEGMA
The paste-like discharge that collects between the glans of the penis and the foreskin, or between the glans of the clitoris and the clitoral hood. It provides lubrication, but it can collect bacteria if it isn't washed away regularly.

SPERMATAZOON
The cell from a man (sometimes called "sperm," for short) which carries strings of genes (called "chromosomes") to provide the plans for the next generation. The plural of spermatazoon is spermatazoa.

URINE
Liquid waste that is made in the kidneys and stored in the bladder. It is released through the urethra, when we go to the bathroom. Urine is not the same as semen.

Individual Homework Exercise: The Reproductive System

NAME ______________________________ **NOTE:** DUE **TOMORROW** !

DIRECTIONS:

1. Put each part in the proper box. Box One is for parts that only males have. Box Two is for parts that only females have. Box Three is for parts males ***and*** females have.
2. Then, in the parentheses, write "1" if each person has one of that part. Write "2" if a person has two of them. Write "M" if a person has many of them.

YOU WILL USE ALL OF THE FOLLOWING TERMS:

abdomen
anus
bladder
buttocks
cervix
cilium
clitoral hood
clitoris
Cowper's gland
epididymis
fallopian tube
fimbria
foreskin
hymen
navel
ovary
pelvis
penis
prostate gland
scrotum
seminal vesicle
spermatic cord
testicle
urethra
uterus
vagina
vas deferens
vulva

BOX ONE: MALE PARTS

1. ______________________________ ( )
2. ______________________________ ( )
3. ______________________________ ( )
4. ______________________________ ( )
5. ______________________________ ( )
6. ______________________________ ( )
7. ______________________________ ( )
8. ______________________________ ( )
9. ______________________________ ( )
10. ______________________________ ( )

Continue on next side.

BOX TWO: FEMALE PARTS

1. ______________________ ( )
2. ______________________ ( )
3. ______________________ ( )
4. ______________________ ( )
5. ______________________ ( )
6. ______________________ ( )
7. ______________________ ( )
8. ______________________ ( )
9. ______________________ ( )
10. ______________________ ( )

BOX THREE: PARTS THAT BOTH SEXES HAVE

1. ______________________ ( )
2. ______________________ ( )
3. ______________________ ( )
4. ______________________ ( )
5. ______________________ ( )
6. ______________________ ( )
7. ______________________ ( )
8. ______________________ ( )

MORE DIRECTIONS: Answer the questions below. (The answers are *not* on the list above. You will find them, though, on the Reproductive System Reference Sheet.) Spelling counts.

A) What is the Latin word for an egg cell? ______________
B) What is the plural for that? ______________
C) What is the common word for spermatazoa? ______________
D) What fluid carries and nourishes them? ______________
E) When this fluid comes out of the penis, what is that called?
____
F) What is the medical word for"period"? ______________
G) What is the medical term for "wet dream"?
______________ ______________

Lesson Plan 4

Puberty/Adolescence

Day 1: Overview

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Identify with at least 75% accuracy which physical and emotional/social changes happen to *both* females and males at puberty, which happen only to males and which happen only to females.
2. Recognize that puberty is a process, not an event, and that variation in age-of-onset and duration is to be expected.

MATERIALS NEEDED:

PHOTOCOPIES
Two sets per class of ...
    Job/Function Cards *
    (or three sets, if there are more than 28 students)
One for every two students of ...
    Puberty/Adolescence Worksheets 1 and 2

ALSO FOR EVERY TWO STUDENTS ...
    One SCISSORS
    One ENVELOPE

* Less complex skill alternative: Parts Cards (see activity 1)

TIME NEEDED:
one class period

AGENDA:

1. Review the reproductive system (yesterday's content) in two ways: correct the homework, aloud, and have pairs of students use the "Cards" (and scissors, envelopes) to reflect on the functions of the parts.
2. Have the pairs of students complete Puberty/Adolescence Worksheet 1. Discuss as a class.
3. Repeat with Worksheet 2.
4. Respond to students' questions (anonymous and otherwise) on the reproductive system and on puberty.

ACTIVITIES:

1. Review the reproductive system (yesterday's content) in two ways:

   First, have students trade homework and go over the correct answers, aloud. Students can correct one another's work, or you can have all pens/pencils put aside, review them aloud, and grade them yourself, later.

   Next, have students form teams of two. Let students choose their own teammates, understanding that the topic of the day is fairly explicit. Thus, you may want to challenge your more socially sophisticated classes to try coed teams, but try to be very sensitive to the individuals who (because of cultural expectations, shyness, or any other reason) may prefer a teammate of the same gender.

   Give each team one page of "Job/Function Cards," a pair of scissors and an envelope. Have them cut their cards apart, each taking two. Show them, on the blackboard, a couple of examples of what to do:

PART: Heart	PART: Fingers
JOBS/FUNCTIONS:	JOBS/FUNCTIONS:
1. pumps blood	1. provide sensation (have many nerve endings)
	2. grasp things

   Give them about five minutes to describe, in writing, the functions of the parts on their Cards, helping their teammates to do so, too. This is an "open-book" exercise; it is perfectly OK (in fact, to be encouraged) if people use their notes and handouts from yesterday's class, and their health texts to complete the Cards. This is *not* a "game" with winners and losers; everybody who learns, wins.

   ALTERNATELY: If you are concerned that the task is too complex for your students, give them "Parts Cards," instead ... where the job/function of the part is already described, and all the student has to do is name the part whose function is described. Spelling counts.

   OR, an even less complex task: Give a complete set of all 56 Cards, already cut apart, with 28 paper clips, to each pair of students. Have them clip each Part Card to the corresponding Job/Function Card.

The answers to the exercise are as follow:

Job/Function Card A (fimbria) corresponds to Part Card I.
" " B (testes) " " " " J.
" " C (vas deferens) " " " " K.
" " D (abdomen) " " " " L.
" " E (foreskin) " " " " U.
" " F (vagina) " " " " V.
" " G (clitoris) " " " " W.
" " H (prostate gland) " " " " X.
" " I (navel) " " " " A.
" " J (penis) " " " " B.
" " K (epididymis) " " " " C.
" " L (cervix) " " " " D.
" " M (uterus) " " " " G.
" " N (pelvis) " " " " H.
" " O (bladder) " " " " E.
" " P (scrotum) " " " " F.
" " Q (buttocks) " " " " Y.
" " R (spermatic cords) " " " " BB.
" " S (hymen) " " " " AA.
" " T (cilia) " " " " Z.
" " U (clitoral hood) " " " " N.
" " V (anus) " " " " M.
" " W (ovaries) " " " " O.
" " X (cowper's glands) " " " " P.
" " Y (seminal vesicles) " " " " T.
" " Z (urethra) " " " " R.
" " AA (fallopian tubes) " " " " S.
" " BB (vulva) " " " " Q.

Have each person read one completed card aloud. Each person will be able to report on a different part, unless there are more than 28 students in your class.

Then, have the team drop all four of their cards in their envelope, write their names on the envelope, and turn it in to you, so you can give them credit for participating in the exercise.

2. Give each pair/team a copy of Puberty/Adolescence Worksheet 1. Allow them 8 or 10 minutes to complete it. Have the pairs trade with another team and discuss the answers as a whole class.

   The answers on many items are, obviously, a matter of opinion. (No one knows exactly what percentage of teens experience bouts of loneliness.) In general, on the social, emotional, spiritual and behavioral items, we have chosen the conservative answer ("some/many girls and guys" ... instead of "almost every" one). The only exceptions are the very first and last items. We believe that 99+% of teens go through a very self-conscious stage and emerge from adolescence more self-confident than before.

   For the physical and health-related items, we have based our answers on hard facts ... we used the term "almost every..." to mean 95+% and the term "some/many ..." to mean 10-95%.

We have included changes that happen only to ***some*** teens, in order to validate and affirm ***everyone's*** experience of maturation.

Here are the answers we arrived at for Worksheet 1:

1. A,C (arguably B and D, however)
2. A,C
3. B,D (arguably A and C, however)
4. C (one exception: girls with extremely little body fat ... including athletes and people with anorexia)
5. C (same exception as # 4)
6. A
7. B,D (These may include crushes on idols [rock star, actress, etc.], older people [teacher, boss, etc.], or peers and they may be on folks of one's own sex or the other sex ... regardless of one's eventual sexual orientation.)
8. A,C
9. A,C
10. A,C
11. A,D (Like all the physical [and some of the other] changes, this is genetic; thus a guy *or* girl whose family has very little facial and body hair will probably have very little, too, though almost all guys will get at least a little. Many White people, especially those of Southern European and Middle Eastern ancestry, have more facial and body hair than many people of other racial groups. Girls should *not* worry about hair around the nipples or above their upper lip; it is common and normal.)
12. A,C
13. A,C (more noticeable, of course, in guys; but true for everyone)
14. B,D
15. B,D
16. A
17. A
18. B (25% of guys, however, ***never*** have any ... even though their reproductive systems are functioning and healthy. Note that people have nocturnal emissions when there is a surge of hormones during sleep, ***not*** necessarily when an erotic dream is taking place. Girls ***and*** guys may experience erotic dreams [and orgasm] during sleep, but only guys ejaculate. If students mention having read about "female ejaculation", explain that there's no scientific evidence it happens ... though some women do experience more vaginal fluid at orgasm.)
19. A,C (The rapid growth of arms and legs explains people's temporary "clumsiness." Also, since extremities grow ***before*** circulatory system, many teens are suddenly tired a lot, needing naps, seeming "lazy" due to insufficient oxygen.)
20. A,C
21. B,D
22. B,D
23. A,D (Like other changes, this is a function of large amounts of hormones called "androgens.")

Answers for Worksheet 1, continued:

24. A,D (more noticeable in guys; but true for everyone, since the clitoris does become erect ... more noticeable, usually, to the person experiencing the erection than to anyone else, despite how obvious it may feel)
25. A,C (more noticeable, of course, in guys; but true for everyone)
26. B,D (arguably, A and C, however)
27. B,D (arguably, A and C, however)
28. B,C (more noticeable, of course, in girls; but 80% of boys have some, temporarily, too. In addition to genetics and ratio of muscle to fat, use of marijuana can also cause growth of breast tissue in males; the latter may ***not*** be temporary.)
29. B,D (almost everyone gets at least a couple of pimples, but "many" get what we'd call acne. Severity varies greatly; the cause is a high level of hormones called *androgens*.)
30. B,D (99% actually ***have*** wisdom teeth, but only about 30% "erupt" or "come out" fully; some never erupt, even partially.)
31. B,D (arguably A and C, however the frequency of such thoughts and feelings varies greatly. Students who haven't experienced them certainly need not feel "abnormal.")
32. B,D (According to a 1973 national survey, the Sorenson Report, 58% of adolescent males and 39% of adolescent females say they have masturbated at least once. [We presume that this omits masturbation as an infant or pre-schooler ... which is almost universal.] The respondents were not asked whether they were masturbating more ***often*** than before puberty, but most experts believe that frequency tends to increase at puberty for most youth. Nonetheless, students who have never masturbated certainly need not feel "abnormal." Like all behaviors, it is a matter of choice. Some people believe it is very wrong to masturbate; others believe it is perfectly OK.)
33. B,D (arguably A and C; it does reflect a normal developmental stage, although ***at times*** a teen may prefer to be alone)
34. B,D
35. B,D (arguably A and C, however)
36. C
37. C (This is normal, healthy vaginal fluid ... the body's way of lubricating and cleansing itself, just as the fluid in the eyes moistens and cleans the cornea.)
38. B,D (arguably A and C, however)
39. A,C (arguably B and D, however)

Make sure the class notices how few of the changes (8 out of 39) happen ***only*** to one gender. The genders are hardly "opposites" ... that is to say we are much more alike than different. One might experience less embarrassment or awkwardness if one realized what a huge percentage of one's friends and acquaintances (of both genders) were experiencing most of the same changes.

Collect the Worksheets. Since the answers are, to a great extent, a matter of opinion, we recommend giving credit for completing the Worksheet, rather than an actual grade.

3. Have the same pairs of students repeat the activity, using Puberty/ Adolescence Worksheet 2. Discuss it.

   The answers for Worksheet 2 are as follow:

   1. maybe (He had started puberty; he *may* have begun producing sperm. Once a guy has his first ejaculation, he can assume he is fertile.)
   2. no
   3. no
   4. maybe (Even a couple of weeks *before* she has had her first menstrual period, a girl might have begun to ovulate. Most girls begin to ovulate about a year after first menstruation, but everyone is different.)
   5. 9-15 years
   6. 11-16 years
   7. girls, but not every individual girl
   8. 2.5-3 years
   9. 4 or more years
   10. guys, but not every individual guy
   11. at about 17 years old (If there have been ***no*** signs of changes.)
   12. talk with a parent or other trusted adult, check with school nurse or clinic, see family doctor, see endocrinologist

   Collect the Worksheet.

4. Spend the remainder of the period responding to students' questions (anonymous/written and verbal) on the reproductive system and on puberty and adolescence.

Job/Function Cards A - D

(A)

PART: FIMBRIA

JOBS/FUNCTIONS:

1.

(B)

PART: TESTES

JOBS/FUNCTIONS:

1.

2.

(C)

PART: VAS DEFERENS

JOBS/FUNCTIONS:

1.

2.

(D)

PART: ABDOMEN

JOBS/FUNCTIONS:

1.

Job/Function Cards E - H

(E)

PART: FORESKIN

JOBS/FUNCTIONS:

1.

(F)

PART: VAGINA

JOBS/FUNCTIONS:

1.

2.

3.

4.

5.

(G)

PART: CLITORIS

JOBS/FUNCTIONS:

1.

(H)

PART: PROSTATE GLAND

JOBS/FUNCTIONS:

1.

Job/Function Cards I - L

(I)

PART: NAVEL

JOBS/FUNCTIONS:

1.

(J)

PART: PENIS

JOBS/FUNCTIONS:

1.

2.

3.

(K)

PART: EPIDIDYMIS

JOBS/FUNCTIONS:

1.

(L)

PART: CERVIX

JOBS/FUNCTIONS:

1.

2.

Job/Function Cards M - P

(M)

PART: UTERUS

JOBS/FUNCTIONS:

1.

2.

3.

(N)

PART: PELVIS

JOBS/FUNCTIONS:

1.

(O)

PART: BLADDER

JOBS/FUNCTIONS:

1.

(P)

PART: SCROTUM

JOBS/FUNCTIONS:

1.

2.

3.

Job/Function Cards Q - T

(Q)

PART: BUTTOCKS

JOBS/FUNCTIONS:

1.

2.

(R)

PART: SPERMATIC CORD

JOBS/FUNCTIONS:

1.

2.

3.

4.

(S)

PART: HYMEN

JOBS/FUNCTIONS:

1.

(T)

PART: CILIA

JOBS/FUNCTIONS:

1.

2.

Job/Function Cards U - X

(U)

PART: CLITORAL HOOD

JOBS/FUNCTIONS:

1.

(V)

PART: ANUS

JOBS/FUNCTIONS:

1.

(W)

PART: OVARIES

JOBS/FUNCTIONS:

1.

2.

3.

(X)

PART: COWPER'S GLANDS

JOBS/FUNCTIONS:

1.

Job/Function Cards Y - BB

(Y)

PART: SEMINAL VESICLES

JOBS/FUNCTIONS:

1.

(Z)

PART: URETHRA

JOBS/FUNCTIONS:

1.

2.

(AA)

PART: FALLOPIAN TUBES

JOBS/FUNCTIONS:

1.

2.

(BB)

PART: VULVA

JOBS/FUNCTIONS:

1.

Part Cards A - D

(A)

PART: ______________________

JOBS/FUNCTIONS:

1. *allows passage of oxygen and nourishment, before birth ... then it stops working*

(B)

PART: ______________________

JOBS/FUNCTIONS:

1. *allows passage of urine*
2. *allows passage of semen*
3. *provides sensation (has many nerve endings)*

(C)

PART: ______________________

JOBS/FUNCTIONS:

1. *helps sperm mature*

(D)

PART: ______________________

JOBS/FUNCTIONS:

1. *produces fluids to help sperm travel*
2. *produces a mucous plug to keep germs out, during pregnancy*

Part Cards E - H

(E)

PART: ____________________

JOBS/FUNCTIONS:

1. *provides storage for urine*

(F)

PART: ____________________

JOBS/FUNCTIONS:

1. *holds testes*
2. *controls temperature*
3. *provides sensation*

(G)

PART: ____________________

JOBS/FUNCTIONS:

1. *houses and protects embryo/fetus/baby*
2. *allows nutrient and waste exchange with placenta*
3. *nourishes an embryo, before a placenta grows*

(H)

PART: ____________________

JOBS/FUNCTIONS:

1. *supports and protects the internal reoproductive organs*

Part Cards I - L

(I)

PART: ____________________

JOBS/FUNCTIONS:

1. *find an ovum and draw it into the fallopian tube*

(J)

PART: ____________________

JOBS/FUNCTIONS:

1. *produce sperm*
2. *produce sex hormones (androgens and testosterone)*

(K)

PART: ____________________

JOBS/FUNCTIONS:

1. *provide storage for sperm*
2. *allow passage of sperm*

(L)

PART: ____________________

JOBS/FUNCTIONS:

1. *contains most of our internal organs*

Part Cards M - P

(M)

PART: ______________________

JOBS/FUNCTIONS:

1. *allows passage of bowel movement (feces)*

(N)

PART: ______________________

JOBS/FUNCTIONS:

1. *protects the glans of the clitoris*

(O)

PART: ______________________

JOBS/FUNCTIONS:

1. *provide storage for ova*
2. *allow maturation of ova*
3. *produce sex hormones (estrogen, progesterone and androgens)*

(P)

PART: ______________________

JOBS/FUNCTIONS:

1. *produce fluid that cleanses the urethra of acid (from urine) to protect the sperm*

Part Cards Q - T

(Q)

PART: ____________________

JOBS/FUNCTIONS:

1. *protects openings of urethra and vagina (as eyelids protect eyes)*

(R)

PART: ____________________

JOBS/FUNCTIONS:

1. *allows passage of urine*
2. *in males, also allows passage of semen*

(S)

PART: ____________________

JOBS/FUNCTIONS:

1. *allow passage of ova*
2. *allow passage of sperm*

(T)

PART: ____________________

JOBS/FUNCTIONS:

1. *contribute fructose (sugar) to semen for nourishing sperm*

Part Cards U - X

(U)

PART: ____________________

JOBS/FUNCTIONS:

1. *none that we know of ... males who have been circumcised, no longer have one*

(V)

PART: ____________________

JOBS/FUNCTIONS:

1. *allows passage of shed endometrium during menstruation*
2. *allows passage of sperm*
3. *allows passage of baby*
4. *produces fluids to cleanse and lubricate itself and to help sperm travel*
5. *provides sensation*

(W)

PART: ____________________

JOBS/FUNCTIONS:

1. *provides sensation (has many nerve endings)*

(X)

PART: ____________________

JOBS/FUNCTIONS:

1. *contributes fluid to semen for sperm's mobility (to help them travel)*

Part Cards Y - BB

(Y)

PART: ______________________

JOBS/FUNCTIONS:

1. *provides a cushion for the tail bone*
2. *contains muscles for movement*

(Z)

PART: ______________________

JOBS/FUNCTIONS:

1. *sweep an ovum down the fallopian tube*
2. *sweep sperm cells through the epididymis*

(AA)

PART: ______________________

JOBS/FUNCTIONS:

1. *none we know of ... females who have had intercourse (and many who have not had intercourse) have none or have very little*

(BB)

PART: ______________________

JOBS/FUNCTIONS:

1. *suspends the testis*
2. *supplies blood to the testis*
3. *provides sensation*
4. *allows passage of sperm*

Puberty/Adolescence Worksheet 1

NAMES: ______________________

____

DIRECTIONS: Below is a list of changes that happen to people during puberty and adolescence. ***Check one or more columns*** to indicate ***who*** is likely to experience each change.

	(A) almost every guy	(B) some/ many guys	(C) almost every girl	(D) some/ many girls
1. They become more self-conscious for a while.				
2. They get a new kind of perspiration.				
3. They have sudden mood changes (happy one minute, down the next).				
4. They begin to ovulate (to release mature ova).				
5. They begin to menstruate (to have periods).				
6. Their shoulders get broader.				
7. They start getting more crushes and attractions (maybe first love).				
8. They get hair in their armpits.				
9. They get pubic hair (hair around the genitals).				
10. The hair on their arms and legs gets darker and coarser.				
11. They get hair on their chests and faces.				
12. Their genitals get darker.				
13. Their reproductive systems (inside and out) become larger.				

Puberty/Adolescence Worksheet 1, continued ...

	(A) almost every guy	(B) some/ many guys	(C) almost every girl	(D) some/ many girls
14. They feel kind of lonely for a while.				
15. They want to be alone more.				
16. They begin making spermatazoa.				
17. They begin to ejaculate (to release semen).				
18. They begin having nocturnal emissions (wet dreams).				
19. Their arms and legs grow longer (they get taller).				
20. Their faces get longer and thinner.				
21. They begin to form deeper, more lasting friendships.				
22. They feel (and show) more concern for others.				
23. Their skin gets thicker and more oily.				
24. They get more frequent erections.				
25. Their voices get deeper.				
26. They begin to have new freedoms.				
27. They take on new responsibilities (job, extra-curricular activities, even parenting).				
28. They have some breast development.				
29. They get some acne (pimples).				
30. They get wisdom teeth.				

Puberty/Adolescence Worksheet 1, continued ...

	(A) almost every guy	(B) some/ many guys	(C) almost every girl	(D) some/ many girls
31. They feel sexual feelings and fantasize about sexual things more than before.				
32. They masturbate more often than before.				
33. They want to spend more time with friends than before.				
34. They think more about their beliefs and become more aware of their spiritual selves.				
35. They start to think more about the future (to worry, to plan).				
36. Their hips get broader.				
37. They notice some white or clear vaginal discharge.				
38. They have more arguments with their parents for a while.				
39. They eventually start to feel more self-confident.				

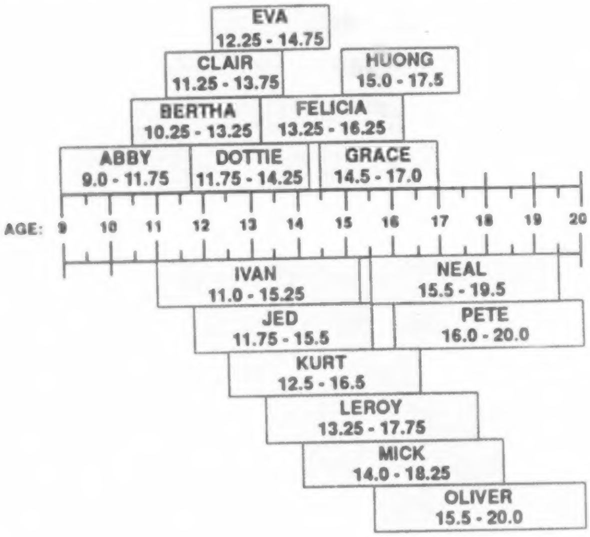
Puberty/Adolescence Worksheet 2

NAMES ______________________________

____

Below is a chart showing the ages of puberty for sixteen typical young people. The ages are shown horizontally, in the center of the chart. The girls are above the line; the guys, below it. The age at which each person noticed the very first change is noted, too.

DIRECTIONS: Study the chart briefly. Then answer the questions below, based on the information in the chart.



1. When Ivan was 12, could he start a pregnancy?
   ANSWER: ______________________________

2. When Oliver was 12, could he start a pregnancy?
   ANSWER: ______________________________

3. Could Clair have gotten pregnant when she was 10?
   ANSWER: ________________

4. Could Abby have gotten pregnant when she was 10?
   ANSWER: ________________

5. What is the age range of *starting* puberty, for the girls?
   ANSWER: ______ to ______

6. What is the age range of *starting* puberty, for the guys?
   ANSWER: ______ to ______

Puberty/Adolescence Worksheet 2, continued ...

7. ***On average***, who starts puberty younger, girls or guys?
ANSWER: ____________________

8. How long does it seem to take girls to *complete* the changes of puberty? ANSWER: about ____________________ years

9. How long does it seem to take guys to *complete* the changes of puberty? ANSWER: about ____________________ years

10. ***On average***, who takes longer to complete the (physical) changes, girls or guys? ANSWER: ____________________

11. At what age do you think a person ought to be concerned, if he or she has not noticed any of the changes of puberty.
ANSWER: ____________________ years

12. What should that person do? ANSWER: ____________________

____

____

____

Lesson Plan 5

Puberty/Adolescence

Day 2: "Who Am I? Where Am I Going?"

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. List at least 3 of his/her own physical, mental, social or emotional strengths.
2. Cite at least 2 short-term personal goals.
3. Describe at least 2 characteristics of his/her own ideal self.

MATERIALS NEEDED:

PHOTOCOPIES
Two per student of ...
  Who Am I? Where Am I Going? Worksheet
One per student of ...
  Family Homework Exercise: Puberty/Adolescence
  Individual Homework Exercise: Puberty/Adolescence

TIME NEEDED:
one class period

AGENDA:

1. Explain the purpose of the lesson and its relevance in the unit.
2. Hand out the *Who Am I? Where Am I Going? Worksheet*. Read it aloud and allow the class time to complete it.
3. Discuss and summarize key issues regarding self-knowledge and life planning.
4. Assign homework and make sure people know to bring their Worksheets to class tomorrow.

ACTIVITIES:

1. Begin with a transition from yesterday's lesson:

   Yesterday, we began to study puberty and adolescence. You filled out a worksheet that listed the kinds of changes people are likely to experience in their teens. Some of those changes were physical, of course, but others were emotional, social, intellectual and spiritual. It's these **non**-*physical changes we'll be focussing on for the next four days.*

   Explain the purpose of today's lesson, in particular:

   Today is a time mostly for personal reflection and self-examination. You'll have an opportunity to think about your own strengths, goals, and what kind of person you would like to be.

2. Hand out the *Who Am I? Where Am I Going? Worksheet*. Read it aloud (or have volunteers take turns doing so). This way, even reluctant readers will be able to understand the task.

   Then allow at least 30 minutes for students to fill out the Worksheet. Ask people to be as thoughtful and specific as possible and assure them that ***you -- the teacher -- are the only person who will see all that they write***. (For Family Homework and in tomorrow's class, they'll be asked to share parts of it ... but, in both situations, they will have absolute control over which items they feel comfortable sharing.)

3. Discuss and summarize the key issues, relating them to sexuality, by raising some of these questions:

   How do most people choose their jobs/careers? Is it based on what they're good at ... or on some other factors?

   Do you think most people like their jobs? What makes you think they do or don't? Why do you suppose they do jobs they don't like?

   Which skills from the "Interests and Abilities" section of the Worksheet would it take to be a good parent? Are there other useful skills for parents not mentioned on the Worksheet?

   How can a person find out if he/she would be good at something without actually doing it ... That is, do you have to spend years training to be a doctor before you find out if you will even like it? Do you have to become a parent before you find out if you'll enjoy being one?

If a person believes he/she should act one way (as in the Who I'd Like to Be section) *and actually acts a different way, what will happen? For example, if a person believes it's wrong to be violent, but gets mad and hits someone, how will she/he feel afterward? How can he/she recover a sense of pride and integrity? ... What if she/he believes it's wrong to have an affair after you're married, but does it anyway? How will he or she feel?*

4. Assign homework. Possible assignments include,

> Family Homework Exercise: Puberty/Adolescence (To complete this the student will also need to take home the *Who Am I? Where Am I Going? Worksheet* [already completed today in class] and a second copy of it for the family member to complete.)

> Complete the Individual Homework Exercise: Puberty/Adolescence.

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"Who Am I? Where Am I Going?" Worksheet

NAME______________________________________ DATE_________________

PART ONE: *TRIVIA*

1. The color of my eyes is _________________________________.
2. I was born in (month) ______________________________.
3. I was born in (place) ___________________________________.
4. I have ____ brother(s) and ____ sister(s).
5. My favorite color is ______________________________.
6. My favorite food is ______________________________.
7. My favorite book, t.v. show or movie is ___________________ ____.
8. My favorite performing artist or group is _________________ ____.

PART TWO: *YOUNGER ME*

(Use extra pages if needed.)

1. Describe your earliest memory: ________________________________ ____ ____
2. What did you used to want to be when you grew up, that you no longer want to be? ____
3. What did you used to like to do for fun, that you no longer enjoy? ____
4. What did you used to hate to do, that you've learned to enjoy, or at least not mind doing? __________________________________
5. What did you used to wish you had, that you no longer want? ____

Worksheet, continued ...

PART THREE: *MY INTERESTS & ABILITIES*

(Check all the things you think you are good at
or that you think you *might* be good at)

___ working with people, especially: ___babies ___children
___teens ___adults ___elderly people
    ___people who are sick, injured or disabled
    ___people who are addicted to drugs
    ___people who are learning a new language
    ___people who are learning a sport
    ___people who aren't getting along with each other or who have been physically or sexually abused
    ___people who need emergency housing, food, employment, etc.
    ___ ____

___ making things, especially:
    ___machines (cars, radios, bikes, computers, ______________)
    ___art (paintings, drawings, sculptures, photographs, __________)
    ___food (farming, cooking, baking, ______________)
    ___crafts (sewing, beadwork, carpentry, weaving, ____________)
    ___ ____

___ writing things, especially:
    ___poetry (raps, songs, haiku, etc.)
    ___jokes
    ___stories,novels
    ___newspaper articles
    ___explanations of how to do things
    ___ ____

___ figuring things out, especially:
    ___how to build something
    ___how to organize something
    ___how to fix something
    ___how something works
    ___why something doesn't work
    ___why people do what they do
    ___ ____

___ teaching, selling or talking about things, especially:
    ___to/with one person
    ___to/with small groups of people
    ___to/with large crowds or classes of people
    ___on radio, t.v., film or stage
    ___ ____

___ using my muscles and physical abilities, especially:
    ___climbing ___dancing ___walking ___swimming
    ___competing in sports ___lifting, carrying, loading
    ___ ____

___using my senses (hands, ears, eyes, etc.) or my voice, especially:
    ___singing ___shooting ___playing an instrument
    ___driving ___flying ___typing, using a computer
    ___running a switchboard or radar equipment
    ___ ____

Worksheet, continued ...

PART FOUR: *MY SHORT-TERM HOPES & PLANS*

1. Before my next birthday, I'd like to learn to ________________________________.
2. I'm trying to get better at ________________________________.
3. The most important thing I want to do this year is ________________________________.
4. One thing I definitely don't want to do this year is ________________________________.
5. It would be fun to be the only one in my graduating class (or my family) to ________________________________.

PART FIVE: *MY STRENGTHS*

1. I am glad I am able to ________________________________.
2. I was proud and excited when I learned to ________________________________.
3. I feel good about myself when ________________________________.
4. I'm proud that I always or usually ________________________________.
5. I'm proud that I never or rarely ________________________________.
6. The most important thing I've done in the last month is ________________________________.
7. The most important thing I've ever done is ________________________________.
8. I think that people who like me, like me because ________________________________.

Worksheet, continued ...

PART SIX: MY IDEAL SELF

1. As a son or daughter *(if you have a living parent or guardian)*, I hope I ____
____.
____.

2. As a brother or sister *(if you are one)*, I hope I ______________
____.
____.

3. As a friend, I hope I ______________________________
____.
____.

4. As a member of my church, temple, mosque or synagogue *(if you belong to one)*, I hope I ______________________________
____.
____.

5. As a parent *(if you are one .. or ever become one)*, I hope I ___
____.
____
____.

6. As a husband/wife/life partner *(if you are one ... or ever become one)*, I hope I ______________________________
____.
____.

7. As someone's employee *(if you are one .. or ever become one)*, I hope I ____
____.
____.

8. As a boss, coach or teacher *(if you are one ... or ever become one)*, I hope I ______________________________
____.
____.

Family Homework Exercise: Puberty/Adolescence

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

READ THIS TOGETHER:

People don't always take the time (between school, work, cleaning, shopping, homework, cooking, playing) to think about ***themselves.*** They don't always think about their own strengths, interests, feelings, goals and dreams. And they don't always know very much about the strengths, interests, etc. of ***the people they love.***

Today in class, we did a Worksheet entitled "Who Am I? Where Am I Going?" The student has brought home an extra copy of it, for an adult family member. The adult should begin by taking a half hour or so, in private, to fill it out.

Then spend a half hour or so, together, talking about your Worksheets (student's and adult's) and sharing part or all of them with one another. What kinds of things do you have in common (how are the two of you alike)? Which things did you never know before about one another? Which things do you especially appreciate about one another?

NOTE: If any of your answers feels too private, feel free not to share them with one another, or not to discuss them.

FOR FULL CREDIT, THIS EXERCISE IS DUE: ____________
IF YOU WANT CREDIT, SIMPLY TURN IN THE SLIP, BELOW.

FAMILY HOMEWORK CONFIRMATION SLIP

We have completed "Family Homework Exercise: Puberty/ Adolescence".

Date: ____________________

student's signature: ____________________

adult's signature: ____________________

Individual Homework Exercise: Puberty/Adolescence

NAME ______________________________ DUE ________________

DO EITHER NUMBER 1 and NUMBER 2
OR NUMBER 3 and NUMBER 4.

1. **Find a song (or write one) that says who you are or who you would like to be.** You can either make a cassette tape of the song, or write its lyrics and attach them to this paper. If you make a cassette tape, just wrap this paper around it, attach it with a rubber band and turn it in for credit.

2. **Make a symbol of yourself:** a poster, sculpture, poem, mobile. It may reflect something from your *Who Am I? Where Am I Going? Worksheet*.

3. **Circle the following terms in the word search below:**
   INTEGRITY
   COMPLIMENT
   CONGRUENT
   AFFIRMATION
   COMPETENCE
   BELIEFS
   ESTEEM
   PRIDE

X C O E D I R P Y I D E
R O O P R B E T L N M N
P N H M V C I N T T O O
L G V D S R T N Z C C I
Z R B H G Y E B E O F T
Y U W E S T E E M M K A
O E T P L O S P B P P M
U N N I D I E E M L G R
I T P R L T E J V I N I
N X G R E B A F F M Y F
A F U N N O K T S E F F
F R C O M T V E C N S A
L E C Y X Z E S E T N I

4. **Choose two of the vocabulary words, from the word search.** For each one, write a definition (your own or the dictionary's) and then give two examples of what the term means ... or tell a brief story to illustrate the idea.

   SAMPLE: WORD:"friendship"
   DEFINITION: really caring about one another, understanding and enjoying each other
   EXAMPLES/STORY: Yesterday, I lost my jacket, had a fight with my brother, and was late to school. Marty put a note in my locker saying,"Hang in there. It's gotta get better." To me, that's ***friendship!***

   Use the next page.

Individual Homework Exercise, continued ...

WORD: ______________________________

DEFINITION: ______________________________

EXAMPLES/STORY: ______________________________

WORD: ______________________________

DEFINITION: ______________________________

EXAMPLES/STORY: ______________________________

Lesson Plan 6

Puberty/Adolescence

Day 3: "Am I Normal?"

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Distinguish between definitions of "acquaintance" and "friend" and explain that there are degrees of friendship.
2. Give an example of a personal fact too private to share with an acquaintance or casual friend.
3. Use self-affirmations to strengthen his/her self-esteem.
4. Avoid using the term "normal" as an emotional weapon against him/herself or others.
5. Express confidence that his/her own adolescent development is within a range that is normal.

MATERIALS NEEDED:

NAMETAGS (the stick-on kind, one per student)

PHOTOCOPIES
One per student of ...
The Me Map

TIME NEEDED:
one class period

AGENDA:

1. Explain the purpose and relevance of the lesson.
2. Examine the terms "acquaintance", "friend", and "privacy".
3. Introduce the concept of "self-affirmation".
4. Use nametags and The Me Map for group-building and to highlight the "normalcy" of uniqueness.
5. Discuss the use and abuse of the term "normal".
6. Summarize key concepts and celebrate each person's uniqueness.

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ACTIVITIES:

1. Begin with a transition from yesterday's lesson:

   Yesterday, you had a chance to get to know yourself a little better. Today, we'll take some time to get to know ***one another*** *a little better, without invading anyone's privacy. We'll also look at what it means to be "normal" ... which is something most of us worry about from time to time.*

2. Next, examine the issue of ***privacy***. First, draw this continuum on the blackboard:

ACQUAINTANCE--	CASUAL FRIEND--	CLOSE FRIEND--	INTIMATE FRIEND
"classmate"	"friend"	"good friend"	"partner"
"neighbor"		"cousin" *	"boyfriend"
"friend-of-a-friend"		"best friend"	"girlfriend"
		"boyfriend"	"best friend"
		"girlfriend"	"spouse"
			"very close friend"

* *The term "cousin" is used in some subcultures to refer, not to a specific blood relationship, but to a close friend, especially a close family friend.*

You may want to add synonyms and examples, as we have above, for clarification. Get the class' help trying to define each category. Ask people to identify, silently, who ***in their lives*** might fall into each of the categories in the continuum.

Have them look at the *Who Am I? Where Am I Going? Worksheet* (from yesterday's lesson) with this continuum in mind ...

> *Which personal facts would you feel comfortable sharing with an acquaintance? a casual friend? a close friend? an intimate friend? Are there some facts you might not share with anyone?*
>
> *In other words, what are your personal limits, your privacy boundaries?*

Emphasize that people have an absolute right to maintain privacy boundaries and that the specific things one person is comfortable sharing with an acquaintance, for instance, will differ from someone else's specific limits.

Make clear that, at the same time, a person can feel terribly lonely and isolated if those boundaries are extremely tight. Sharing a little about yourself is a way of helping relationships ***move*** from one category to the next.

3. One reason people are sometimes reluctant to share personal information is that they fear being perceived as self-centered. They fear others will see any positive sharing as "bragging". Get the class' help defining "bragging" and distinguishing it from healthy "self-affirmation." Self-affirmation means a person feels proud (e.g., strong, smart, agile, valuable). He or she can express

feeling good and confident, without having to make others feel bad or compare accomplishments. Ask the class for some examples of healthy self-affirmations.

Point out that strong self-esteem depends on the ability to self-affirm (to crow about yourself to people who care about you ***as well as*** to congratulate yourself silently for being wonderful). In turn, healthy relationships (between friends, family members, partners) depend on the strength of the self-esteem of the individuals.

Write the two basic concepts you've addressed so far on the blackboard:

PRIVACY/SHARING **SELF-AFFIRMATION**

Ask the class to keep both principles in mind as they do the next exercise.

4. Hand out the nametags and Me Maps. Ask that people write the name they prefer to be called on the nametag and put it on. Ask them to fill out the Me Map by copying one complete sentence ***they don't mind sharing with the class*** (mostly acquaintances) from each section of the *Who Am I? Where Am I Going? Worksheet.*

Remind everyone of the ground rules, especially ***the right to pass*** (not share personal information aloud) and ***no "put downs"***. You may want to refresh people's memories about the purpose of ground rules:

> *Remember the case study we discussed at the beginning of the unit -- the class a couple of kids dropped because a classmate was being insensitive? We talked about how people don't always know about the insides of other people's lives ... and how they often will unintentionally hurt or offend someone. That's why we've settled on these ground rules. Let's all remind one another, OK?*

NOTE: You may want to have chairs set up in advance in a horseshoe, with plenty of space in the middle of the room for moving around, for this next activity.

NOTE ALSO: The exercise will be more effective if you participate, along with the class.

Have half the class (those on one side of the room) fold their **Me Maps** in quarters and toss them into a pile in the middle of the floor. You shuffle the papers, so that nobody knows which is which.

Have everyone in the other half of the class stand up and take one paper. Then the ***whole*** class mills around, and those with other people's **Me Maps** try to find the people who wrote them. They ask, for example, "Is your favorite color blue?" or "Did you used to want to be a fire fighter?"

As each person finds the person who wrote the one they are clutching, he or she hands that person his or her own **Me Map** (so they each have one another's). Thus, eventually everyone will get a partner.

(You may need to ask people who aren't "found" after about 3 minutes, to raise their hands, so they can be found more easily.)

Have everyone sit down, with partners, and read his or her partner's nametag and **Me Map**. Then, beginning with yourself, perhaps, one pair at a time stands up and introduces one another to the class:

> "This is Mark. Mark was born in Boston and, when he was little, he wanted to be an astronaut." Mark introduces *his* partner: "This is Sylvia. Her favorite t.v. show is Miami Vice and her first memory is her fourth birthday party." ... and so forth.

5. When everyone has finished, have them return to their own seats. Point out that there is tremendous variety it the room, as well as some similarities. While people have a lot in common (as was clear in the first Puberty/Adolescence lesson when we looked at changes most teens can anticipate) uniqueness is "normal". Explain that, sometimes people forget how wonderful they are as unique individuals, because they worry so much about whether they are "normal". They use the term "normal" as a weapon against themselves. Or, to try to convince themselves they are "normal", they use the term as a weapon against someone who is different from them.

   The term can actually be used a number of ways; it isn't always a weapon. Here are several meanings:

   NORMAL = HEALTHY (Here it is a fact.) *A normal 6-month old baby can sit up, but cannot walk.*

   NORMAL = AVERAGE OR USUAL OR COMMON (This can also be verified as a fact, but is sometimes used as a weapon.) *The normal adult penis is 3-5 inches long, when it is not erect.* (Hey! That does **not** imply that a penis outside this usual range is unhealthy!)

   NORMAL = LIKE-THE-MAJORITY OR LIKE-THE-SPEAKER (This is provable, in a sense, but it is an opinion and it implies the belief that to-be-otherwise is **not OK** ... Here it begins to be a weapon.) *Normal families eat dinner together.* (Who says so? Just because your family does, doesn't make it so.)

   NORMAL = RIGHT, GOOD, ETHICAL, SOCIALLY ACCEPTABLE (This is clearly a belief and usually a weapon.) *I must not be normal; I've never had a boyfriend.* (What a self-destructive way to think.)

   So sometimes, the term is used to reassure and clarify ... like when a doctor tells a parent his or her 6-month old baby is "normal".

   Point out that other times, the use of the word "normal" can be hurtful: If you believe that a "normal" marriage means never having any serious arguments, and you and your spouse *do* argue, you will feel as if your marriage is abnormal (bad, wrong). If you believe that a "normal" guy is interested in sex all the time, and you aren't, you'll think you are abnormal. These kind of stereotypical/prejudicial "normals" are limiting and hurtful.

Ask the class whether the person who is taller or shorter than average, or is a racial or other minority is "abnormal" ... just because he or she is not "average"? Perhaps the term "different" is less likely to be used as a weapon. A person can be different from the majority, but perfectly normal. You might suggest that, since the word "normal" can be a weapon, the class agree to be very careful about the use of the word for the rest of the unit.

Remind the class that, with respect to puberty and adolescent development, there is no universal norm ... healthy ranges, but no absolutes. There are no "normal" ages for physical maturation; there are averages, but a person can be perfectly normal and not mature at exactly 12.47 years ... or whatever ridiculous number you'd get if you averaged the ages that everyone began puberty. Nor are there "normal" ages for crushes and attractions, nor for emotional maturation and social comfort. Everyone progresses at his or her own rate in his or her unique ways, throughout his or her entire life.

5. Discuss and summarize the key issues of the lesson, relating them to sexuality, by raising some of these questions:

How did it feel to share these personal facts? What do you think will ever make it easier for you?

Since there are levels of friendship...would you share some personal things with one friend and not another?

Which section was it most difficult or uncomfortable to share? If it was the "My Strengths" section, why is it hard for many of us to compliment ourselves? Why is it important to do, even if it is hard?

Close with a celebration of the uniqueness of the members of your class:

If normal means "in the majority" or "on average", a person would have to be female in order to be "normal" ... since there are more females than males alive today. She would have to live in China, since more of the world's population lives there than anywhere. If she **did** *live in the United States, and wanted to be "normal" she would have to be 31.2 years old ... because exactly half of the females in the United States are younger than 31.2 and exactly half are older, as of the 1980 census.*

To help each person celebrate his or her uniqueness, I would like to ask you each to write, proudly, at the bottom of your own Me Map "I'm not average ... I'm unique," sign it, and turn it in for credit.

Me Map

TRIVIA

MY INTERSTS & ABILITIES

YOUNGER ME

MY SHORT-TERM HOPES & PLANS

MY STRENGTHS

MY IDEAL SELF

Lesson Plan 7

Puberty/Adolescence

Day 4:

"Will I Fit In?"

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Explain the importance of a feeling of belonging and list at least 3 functions of social groups (family, fraternity, club, team, friendship [group of two], etc.).
2. Recognize that ridiculing others does not help one to feel good nor to belong and that it is often based on ignorance or rumor.
3. Describe 3 characteristics of constructive friendships.
4. Describe 3 characteristics which distinguish **de**structive friendships from **con**structive ones.

MATERIALS NEEDED:

PHOTOCOPIES
One per student of ...
   Where I Belong Worksheet
   Individual Homework Exercise:
      Friendship
One class set of ...
   Put Down and Rumor
      Reference Sheet
About four sets per class of ...
   Friendship Workheets 1-4
      (Copy Friendship Workheets in 4 different colors; note that side 2 of each Worksheet is identical.)

TIME NEEDED:
one class period

AGENDA:

1. Explain the relevance of the lesson.
2. Discuss the concept of "belonging" or "fellowship" and use the *Where I Belong Worksheet* to make it concrete and personal.
3. Hand out and read aloud the *Put Down and Rumor Reference Sheet*. Discuss the issues.
4. In groups of four, complete *Friendship Worksheets 1-4*.
5. Summarize and assign homework.

ACTIVITIES:

1. Explain the relevance of this lesson within the unit:

   Yesterday we discussed the issue of being "normal", because people often worry about whether they are like everybody else. They want to make sure they are OK. Well, most people (especially teens, but honestly almost everyone) **also** *worry about belonging ... being part of a group, being liked. So our topic today is* ***"FITTING IN"*** *or* ***"BELONGING"*** *or* ***"FELLOWSHIP"***. (Write these terms on the blackboard.)

2. Explain that the need to **"belong,"** the need for **"fellowship,"** is an innate one shared by many animals in addition to humans. Ask the class if they can figure out why there is such a biological need. (To protect a fairly vulnerable species, *humankind*, from extinction ... family and community provide the safety of interdependence.)

   Have the group brainstorm all the kinds of groups, formal and informal, to which a person might feel he or she belonged. Write their answers on the blackboard. They may include groups such as clubs, religious organizations, neighborhoods, schools, teams, communities, subcultures, ethnic groups, countries, etc. If "family" isn't on their list, you add it.

   On another part of the blackboard, brainstorm some benefits a group might provide to its members and, if there are any, to society. For example, belonging to a church may provide members with companionship, a place to worship, and comfort in times of trouble. If the congregation took as its mission providing a shelter for homeless families, society would, in turn, benefit. You may end up with something like this:

SOME OF THE FUNCTIONS OF A GROUP:

(a) groups may help their members ...

to make friends
to grow spiritually
to solve problems
to feel supported and cared about
to have the power to effect change
to get their needs for touch and affection met
to feel a sense of history and connectedness with a culture
to develop skills
to feel needed
to earn money
to stay/get healthy
to have fun
to have housing
to have clothes
to have food

(b) some groups help society by ...

publishing important information
keeping cultural diversity alive
challenging traditional prejudices
keeping members occupied ("off the streets")
influencing lawmakers or other authorities
reducing drunk-driving deaths/injuries
entertaining others
housing the homeless
feeding the hungry

Point out that "family" is the **first** group within which most people feel their original sense of belonging. Explain that, as people approach adulthood, family often remains important to them; usually, belonging to other groups becomes increasingly important to them, as well. Identify the need-to-belong as very natural and healthy. (Remember to avoid the term "normal" -- see yesterday's lesson.) Explain that a person's task, in growing up, is to figure out how to *meet the need in constructive, healthy ways.*

Hand out the *Where I Belong Worksheet* and ask people to begin by filling in at least five groups to which they belong. (They are welcome to list more than five, of course, using the back of the Worksheet or a separate piece of paper.) Then have them use the list of functions on the blackboard and their own imaginations to complete the "functions" column of the Worksheet. Allow about five minutes, at most, for this. Collect the Worksheet.

3. Explain that, sometimes, people have the mistaken belief that in order to fit in (to **belong**) they have to demonstrate that they are not friends with people who are somehow **different**. Ask the class:

   How do people demonstrate that they aren't friends with the loner, the nerd, etc.?

   Answers: They may demonstrate this by teasing the person who is different, by spreading --or listening to-- rumors about the person, by ignoring the person, even by pulling pranks (as in movies such as, "Revenge of the Nerds").

   Teasing, of course, isn't always meant to exclude or distance one's self from someone. Gentle teasing between close friends can be a gesture of closeness. And people should realize, too, that each culture handles teasing differently, and that a tease which might seem gentle and affectionate to a person raised in one culture, might seem cruel to a member of another culture. Often without meaning to, people may hurt, offend or infuriate a friend of another culture. The only way to avoid this is to keep in mind that there are some cultural differences in terms of teasing.

   Still, ***often***, teasing, rumors and other active or passive exclusion-behavior ***is*** intentional. That is why we have developed the *Put Down and Rumor Reference Sheet*. Hand it out and have volunteers take turns reading aloud from it. Discuss how ridicule feels:

   when you are the object of the put-down,
   when you are a bystander,
   when you are the one doing the ridiculing.

   Discuss, too, what a person can do as the object of a put-down or as a bystander, for emotional self-protection ... *how one can get **the person to "knock it off"***, and/or, at least ***recover one's own dignity and self-esteem***.

   Remember that it is inappropriate for a public school teacher to express a personal belief about controversial issues ... a belief that would probably offend some families. Thus, it isn't appropriate to promote homosexual behavior or to suggest that heterosexual students should be gay or lesbian. Neither is it appropriate to condemn homosexual behavior or to suggest that gay or lesbian students should be heterosexual. Either of those values would offend some families. Instead, this Reference Sheet teaches that labeling one's ***self***, based on others' assumptions, is unnecessary ... and that labeling and degrading ***others*** is wrong (and doesn't enhance one's self-esteem or popularity anyway).

As far as sexual ***behavior*** is concerned, homosexual or otherwise, it is certainly appropriate in a public school setting to support and encourage abstinence. Abstaining from intimate sexual touch is clearly the safest alternative (emotionally, socially, physically and -- some would say -- spiritually) for school-aged youth.

4. Explain that one of the most important "groups" to which a person ever belongs is a tiny one ... the two-person "group" we call "friendship". The remainder of today's class will focus on the concept of "friendship" ... four aspects of it:

   (a) What to look for in a friend -- Worksheet 1
   (b) Examining your***self*** as a friend -- Worksheet 2
   (c) How you go about starting friendships -- Worksheet 3
   (d) How to tell whether a friendship is healthy (good for both of you) -- Worksheet 4

   Next, divide the class into groups of one to four people. Give each group one of the four Friendship Worksheets (so that two or three groups have Worksheet 1, which might be blue; two or three have Worksheet 2, yellow; etc.). Allow them about ten minutes to complete their Worksheets. Collect them so that you can give people credit for participation and also so that you can read selectively from them at the start of tomorrow's class.

5. Summarize the lesson:

   Everybody needs to feel a sense of belonging. Most people felt it for the first time within their families. As people become adults, other groups (in addition to family) assume increasing importance ... including formal groups, such as churches or political parties, and informal groups, such as friendships and circles of friends. A person's job is to find ways to meet his or her need-to-belong that help society or, at least, show compassion for others ... because we're all in the same boat, all needing to fit in with our self-esteem intact.

   Assign homework ... Individual Homework Exercise: Friendship.

Where I Belong Worksheet

NAME ______________________ DATE ________ PERIOD ______

SOME GROUPS I BELONG TO:	SOME OF THEIR FUNCTIONS:
1. ____________________	____________________ ____________________ ____________________ ____________________
2. ____________________	____________________ ____________________ ____________________ ____________________
3. ____________________	____________________ ____________________ ____________________ ____________________
4. ____________________	____________________ ____________________ ____________________ ____________________
5. ____________________	____________________ ____________________ ____________________ ____________________

Put Down & Rumor Reference Sheet

Why do people ridicule others (put them down)?

They believe that it will help them "fit in" ... that they have to show they are ***different*** from a particular person (and that they are "better") in order to ***belong***. That's too bad ... because, in fact, it "trashes" both people's self-esteem (the offender's ***and*** the victim's).

What kinds of things do people get teased about?

Some common ones in our culture are:
- being overweight (in somebody's opinion)
- having the "wrong" color of skin (in somebody's opinion)
- having an "unattractive" nose, lips, hair cut, or taste in clothes (in somebody's opinion)
- not being as smart as some people are or being "too" smart *-- You've probably heard folks called "retards" or "brains."*

What kinds of rumors get spread about people?

Some common ones in our culture are:
- that a person is gay or lesbian (or so someone thinks) -- *You've probably heard some folks called "faggots", "sissies" or "dykes".*
- that a girl has had sex with lots of guys (or so they say) -- *You've probably heard some folks called "sluts" or "whores".*
- that a person has never had sex -- is a virgin (as if this were a crime, and, besides, whose business is it?)

But what do all those labels really mean?

Most of them, you already know. But here are definitions of a few terms that people often get confused about:

DEVELOPMENTALLY DISABLED: Some people learn things more slowly than others. They may be just a little different from others (like the child who doesn't learn to talk until he or she is two) or very different (retarded to the point that he or she can never learn to feed or dress him/herself). There are many different degrees of developmental disability ... or what some people prefer to call "developmental delay".

GAY MAN or LESBIAN: Most men get married, because they want the close company of a woman. Some, though, find they want the close company of another man, instead. (Some, of course, never fall in love with -- or choose to spend their lives with -- *anyone.)* Likewise, some women have a life partner who is a woman. People who notice that, most of the time, they love or feel attracted to others of their own sex may describe themselves as "homosexual" or "gay" or, if they're female, they may prefer the term "lesbian". However, most people experience *some* feelings for people of their own sex and *some* for people of the other sex. A person doesn't ***have to*** choose a label for themselves.

Reference Sheet, continued ...

VIRGIN: A virgin is a person, male or female, who has never had sexual intercourse. That includes over half of all teens and a fair number of adults. The word "*whore*" (often used to degrade a girl or woman who *isn't* a virgin) is actually a slang put-down for "prostitute". A prostitute is a person, male or female, who has sex for money.

I'm not a label;
I'm a person. Thank you.

Do people always belong to the group they get ridiculed about?

No. Of course not. A person may get put-down for being developmentally delayed because she wears unusual clothing, even though she's at least as smart as her classmates. Or people may assume that a person is developmentally disabled, despite his intelligence, if he is physically-challenged (for example if he has cerebral palsy or a hearing problem).

A girl may be called a "slut" because some guy announced to his friends that she had sex with him. He may have wanted people to ***think*** he had sex so ***he*** wouldn't be called names. Other guys may have believed the rumor and tried to get her to have sex with ***them***. If she turned them down, they may have felt hurt or embarrassed ... and tried to pay her back for their bad feelings by letting people think she had sex with them, too. And so the rumors grow.

A quiet, soft-spoken guy may be put down for being gay, even though he is in love with a girl. Or a girl may be teased for being gay, because she is a good athlete, even though all of her crushes and fantasies involve guys. (People often confuse ***sexual orientation*** with ***sex roles***. Being gay or lesbian has nothing to do with how feminine or masculine you are, or even who you have ***or haven't*** had sex with. It has to do with how you feel inside, who you feel attracted to.)

Reference Sheet, continued ...

Homosexual behavior is controversial. Some people believe that all homsexual touch is wrong. Others believe it is fine, as long as the individuals love and are committed to one another. Some people believe it's OK for small children, but not for teens and adults. **We believe the safest choice for teens, whether they are gay or straight, is abstinence.** Whether you believe homosexual touch is right or wrong, remember that ridicule and name-calling are destructive to all concerned ... and many times unfounded.

The last point is important: we don't mean to imply that it would be OK to ridicule these people if they ***did*** belong to the particular group in question. We're simply saying that people need not label ***themselves*** just because others ignorantly mislabel them.

Anyhow, putting other people down
or spreading rumors about them
does ***not*** help a person fit in !

Actually, research shows that certain kinds of people ***fit in almost anywhere!***

They are generally folks who
like themselves (have a lot of self-confidence).

They may laugh at themselves occasionally,
and certainly know how to laugh at life,
but they don't need to ridicule others.

They're honest, and they stand up for themselves,
without trying to hurt others.

Put-downs and rumors are destructive. They really ***do*** cause a lot of unnecessary grief. They really ***don't*** help the offender's self-esteem or make him or her more popular.

Friendship Worksheet 1: What to Look for in a Friend

NAMES OF THE PEOPLE COMPLETING THIS WORKSHEET: PERIOD ____

____

____

____

____

DIRECTIONS: List, below, ***at least 8*** things you believe a person ought to look for in a friend. For example: You might believe you should look for people who:

... *like to do some of the same things that you like to do*
... *laugh at the same kinds of things you laugh at*
... *take you seriously*
... *would tell you if you had an open zipper, a spot on your clothes, bad breath, a smudge on your face, or food between your teeth*

We (I) think you should look for people who:

1. ____
____

2. ____
____

3. ____
____

4. ____
____

5. ____
____

Worksheet, continued ...

6. ______________________________

____

7. ______________________________

____

8. ______________________________

____

9. ______________________________

____

10. ______________________________

____

11. ______________________________

____

12. ______________________________

____

Friendship Worksheet 2: Examining Yourself as a Friend

NAMES OF THE PEOPLE COMPLETING THIS WORKSHEET: PERIOD ____

____

____

____

____

DIRECTIONS: Make up a "test" a person could take, to find out whether they would make a good friend. Your test should include ***at least 8*** questions you believe a person ought to ask him or herself. For example: You might believe a person should ask:

... *Do I usually like myself ?*
... *Do I get jealous very often ?*
... *Can I be trusted with other people's money ?*
... *Would I tell a friend if he or she had an open zipper, a spot on the clothes, bad breath, a smudge on the face, or food between the teeth ?*

We (I) think you should ask yourself:

1. ______________________________________

____

2. ______________________________________

____

3. ______________________________________

____

4. ______________________________________

____

5. ______________________________________

____

Worksheet, continued ...

6. ______________________________

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7. ______________________________

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8. ______________________________

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9. ______________________________

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10. ______________________________

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11. ______________________________

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12. ______________________________

____

Friendship Worksheet 3: How You Go About Starting Friendships

NAMES OF THE PEOPLE COMPLETING THIS WORKSHEET: PERIOD ____

____

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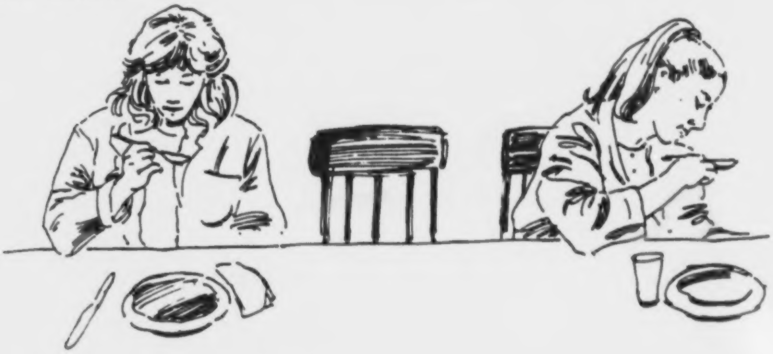
DIRECTIONS: List ***at least 8*** things a person could do or say to open a conversation with an acquaintance ... to start a friendship. For example, you might think a person should:

... *smile at the person they want to get to know*
... *mention things they've noticed about the person*
... *invite the person to "hang out" after school*
... *find out where the person lives and "happen" to walk past their house*



We (I) think a person should:

1. ____

____

2. ____

____

3. ____

____

4. ____

____

5. ____

____

Worksheet, continued ...

6. ____________________

7. ____________________

8. ____________________

9. ____________________

10. ____________________

11. ____________________

12. ____________________

Friendship Worksheet 4: How to Tell if a Friendship is Healthy

NAMES OF THE PEOPLE COMPLETING THIS WORKSHEET: PERIOD ____

____
____
____
____

DIRECTIONS: Make up a "test" a person could take, to find out whether a particular friendship is healthy (to find out if it's good for both people). Your test should include ***at least 8*** questions you believe a person ought to ask him or herself. For example: You might believe a person should ask:

... *When I'm around this person, do I ever feel used or belittled?*
... *Do I do things for the other person simply out of guilt or pity, and not because I genuinely want to ?*
... *Do we listen to one another ?*

We (I) think a person should ask him or herself:

1. ______________________________
____

2. ______________________________
____

3. ______________________________
____

4. ______________________________
____

5. ______________________________
____

Worksheet, continued ...

6. ______________________________

____

7. ______________________________

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8. ______________________________

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9. ______________________________

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10. ______________________________

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11. ______________________________

____

12. ______________________________

____

Individual -- or Two-Person -- Homework Exercise: Friendship

You can work alone or with a partner.

Find one or more

Poems, Songs, Photos, Drawings, or Quotations

Which illustrate **your** philosophy of friendship.
Turn them in, with a one-page (50 to 150-word) explanation.

If you choose to turn in a song (or songs), you can . . .
either write down the lyrics and turn them in,

or make a cassette tape of the actual songs to turn in.

Lesson Plan 8

Puberty/Adolescence

Day 5: "What Will I Decide About Touch?"

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. List 4 key factors that contribute to thoughtful decisions: multiple alternatives, probable consequences, beliefs, and feelings.
2. Recognize that a "plan of action" and a timeline for evaluating are also parts of a thoughtful decision.
3. Describe how this "thoughtful decision" model applies to a touch situation with a peer.

MATERIALS NEEDED:

PHOTOCOPIES
One class set of ...
    Touch Reference Sheet
One to three per student of ...
    Decision-making Worksheet
One transparent set of ...
    Jan Flanders Letters 1 and 2

TIME NEEDED:
one class period

AGENDA:

1. Review the unit so far, especially the concepts of touch (lesson 2) and friendship (lesson 7) ... and discuss the relevance of today's lesson.
2. Use the Touch Reference Sheet to introduce the concept of "thoughtful decisions."
3. Introduce the "thoughtful decision model" using the blackboard and Jan Flanders Transparency 1. Students can follow along with a Decision-making Worksheet.
4. Have students practice the model individually or in pairs, using the Worksheet and Jan Flanders Transparency 2.
5. Summarize the lesson.

ACTIVITIES:

1. Discuss the relevance of the lesson:

   At the very beginning of the unit, we examined the story of "Sleeping Beauty" (lesson 2). We discussed abstinence and we looked at a number of good reasons for postponing sexual intercourse. We also said, though, that there is a very natural human need for some touch ... and we talked about four kinds of touch, sexual touch and three others. Anybody remember what the four kinds were?

   That's right: sexual, affectionate, nurturing and violent. So not all touch is sexual and not all sexual touch includes intercourse ... but people do need some touch in their daily lives to be emotionally healthy.

   As adolescents, you may be getting less nurturing and affectionate touch at home than you did when you were younger ... many families begin to touch less as kids approach adulthood. So teens often begin looking to friends (including boyfriends and girlfriends) for touch ... through roughhousing, football, doing each other's hair and, sometimes, sexual touch (dancing, cuddling, intercourse, hand-holding, etc.) Today we're going to look at how people make thoughtful decisions about touch.

   Before we do that, I want to look at your thoughts about friendship, from yesterday's lesson.

   Read aloud, selectively, from the Friendship Worksheets people completed yesterday ... choosing two or three unique items from each Worksheet. Compliment the class on their thoughtful, mature articulation of issues regarding friendship.

2. Hand out the Touch Reference Sheet and have volunteers take turn reading it aloud. Point out that it incorporates the concepts of friendship and touch ... and that it repeatedly mentions three other concepts: **CONSEQUENCES, FEELINGS,** and **BELIEFS.** Those are key factors in making a thoughtful decision ... about anything (whether to get a job after school, how to handle a friend's shoplifting, what to do on Friday night, etc.).

3. Write the term **"THOUGHTFUL DECISION"** on the blackboard. Underneath, list the concepts ...

   ALTERNATIVES
   CONSEQUENCES
   BELIEFS
   FEELINGS
   DECIDE
   PLAN
   EVALUATE

Explain: *There are four factors that go into a thoughtful decision:*

ALTERNATIVES (choices, options, possible solutions ... in general, the more alternatives you consider, the better you'll feel about the ultimate choice)

PROBABLE CONSEQUENCES (your best guess, based on ***information and experience,*** *of the likely positive and negative outcomes of each alternative)*

BELIEFS (your opinions about the ethics or morals of the situation...belief statements include words such as: ***right/wrong, good/bad, should/shouldn't, more/less important****. When you are unsure what you believe, it may help to consider the beliefs of people you trust, such as family and/or religious leaders.)*

*FEELINGS (****emotions*** *[fear, joy, sadness, love, hurt, affection, etc.] and* ***physical sensations*** *[being sleepy, hungry, "turned on," etc.] -- play a part in your decisions.* ***Knowing*** *this can help you choose how* ***much*** *influence you want your feelings to have. You will also want to consider others' feelings if the decision affects them.)*

Explain that, once you have considered those four factors, you do three things:

YOU DECIDE ... *You choose an alternative.*

YOU PLAN ......*A decision is useless, if you don't consider the steps you will need to take to make it happen.*

YOU EVALUATE . *After a specific waiting period, you ask yourself how it's going ... whether you made the best decision and, if so, whether your plan of action is working. In other words, one decision leads to another.*

Hand out the Decision-making Worksheet, but ask people not to write on it yet; it is for following along as you walk through a decision on the blackboard. Put Jan Flanders Transparency 1 on the screen. Walk through the decision together. So, for example, you may end up with something like this on the blackboard:

ALTERNATIVES:
1. Say, "It's none of your business."
2. Ask why they want to know ... put the focus back on your friends.
3. Joke around, "I'll let you know when we get married."
4. Tell them you had sex, whether you did or not.

PROBABLE CONSEQUENCES:

	POSITIVE ...	*NEGATIVE ...*
1.	They'll drop it. They'll respect you for standing up for your privacy.	They'll jump to conclusions. They'll call you a snob because it sounds like a put-down.
2.	They'll realize they were out-of-line. They'll still like you. Your friend will appreciate your protecting his or her privacy.	They'll jump to conclusions. They'll tease you.
		etc.

BELIEFS: ***This section will vary tremendously from one person to another. Some possible statements of belief, given what we know from the letter, might be:***

I think we both have a right to privacy.
Honesty is important.
My new friend is more important than these turkeys.
Even friends should have some privacy.
You shouldn't hurt friends' feelings.

FEELINGS: ***This section will vary tremendously from one person to another, also. Some possible feelings, given what we know from the letter, might be:***

I'm scared of losing my friends.
I hate to get teased.
I really like this new person I went out with.
I'm angry at the thought of getting put on the spot.
My new friend might feel betrayed if I talked about our time together.

MY DECISION: ***Vote on what "Monday Morning Jitters" should do.***

MY PLAN: ***What steps, what actions, will "M.M.Jitters" have to take to carry out the decision? These might include:***

Practice in front of the mirror, so I can pull it off.
Talk with a couple of the friends ahead of time, so they'll stick up for me if I do get teased.

MY EVALUATION: ***For now, just write down when you will evaluate:***

1:00 p.m. Monday ... I'll evaluate whether I made the right choice after I see how they treat me, and how I feel, during the morning and at lunch.

4. Put Jan Flanders Transparency 2 on the screen and give individuals or pairs of students 5 or 6 minutes to fill out their Decision-making Worksheets as if they were the author of the dilemma. If you are using one day for the lesson, collect the Worksheets and write your comments later.

   If you are doing the lesson over two days, you'll have time to discuss the Worksheets and give each person two extra copies. Each person then generates his or her own hypothetical Jan Flanders letter and trades it. Individuals or pairs of students practice the model by filling out the Worksheet, trading letters with another individual or pair and repeating the exercise a couple of times.

5. Summarize the lesson and establish the direction the unit is going:

   Touch and touching problems were fairly simple when you were younger: There was good touch and bad touch and you needed to learn how to say no to bad touch. Now that you're older touch becomes a more complicated issue; you have to make decisions about when, where, how and with whom you want to share it. You also have to learn how to communicate those decisions without losing your friends and breaking up with people you care for.

   Today we looked at the decisions themselves; tomorrow, we'll be looking at ***assertive communication*** *(how to stand up for yourself, after you've* ***made*** *a decision). Then we'll be examining touching problems like rape ... when one person has already made a decision about the kinds of touch he or she wants, and another person wants something different.*

Jan Flanders Transparency 1

Dear Jan Flanders,

My friends all know each other's business. When someone goes out with somebody new, they'll ask Monday morning how it went ... and they mean "did you have sex?" I went out with someone very special last night and I'm scared to death that they'll ask and I won't know what to say. If I say it's none of their business, they'll jump to conclusions anyway.

Help!

... Monday Morning Jitters

Jan Flanders Transparency 2

Dear Jan Flanders,

This might sound stupid, but I don't like the way my girlfriend kisses. I like a firm kiss and she kisses like jelly. Should I just act like I like it? Other than that, I like her a lot.

What would you do?

... Picky Kisser

Decision-Making Worksheet

What's the Question?

Deciding

1. Alternatives	a.	b.	c.	d.
2. Probable Consequences: a. positive . . .				
b. negative . . .				

Worksheet, continued ...

3. BELIEFS: my own and those of others I trust - family, religion,etc.

____

____

____

4. FEELINGS: my own and those of others who will be affected by my decision

____

____

____

MY DECISION

____

____

____

MY PLAN OF ACTION

____

____

____

MY EVALUATION

When will I evaluate ? ______________________________

How is it going ? ______________________________

____

Touch Reference Sheet

Rachel was unhappy waiting for Charles to get around to kissing her. She *knew* he liked her. She *knew* he had been involved with someone else last year ... all the kids talked about it. *Why wouldn't he kiss her ?!*

Charles had decided not to rush this relationship. He had discovered that his relationship with Natalie, last year, got really stormy after they started touching more. They *never* really got to know one another. And he *liked* Rachel a lot. He didn't want to blow it this time.

Avram had never really "dated" before. He had always gone out with a group of kids. He had had a "girlfriend" in fifth grade, but that didn't count ... they never even saw each other except at school, and they never said more to each other than, "Do you want to go with me?" and "Yeah, sure."

Now, Avram was going to a dance with Serena and he was hoping they could go out to eat afterward. He imagined walking down the street with his arm around her, touching his knee against hers in the restaurant, kissing her good night. In his fantasies it all seemed so right; would it be so smooth in reality?

In both of these relationships, people were making decisions about sexual touch ... what kinds they wanted, when, where, who they wanted to share it with. How do people *make* these kinds of decisions? The truth is some people decide by **not** deciding ... they just "let things happen" and they may feel lousy about it later. Instead, they could ask themselves:

How do I feel about this person?

If the person seems more like a challenge than a human being, you may find that touching is not very satisfying ... and that you feel crummy and sad afterward.

How does he or she feel about me?

Does this person seem to genuinely like you? If so, he or she probably shows it in public as well as in private.

Are we friends yet?

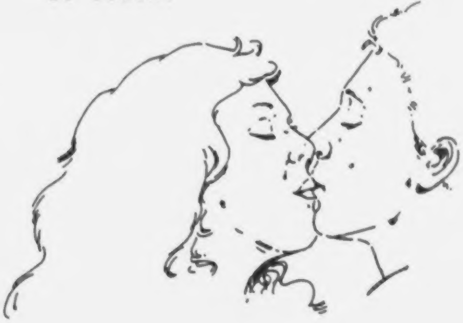
Friendship doesn't happen overnight. Once you are friends, you know the other person won't tease you for being awkward or nervous. You know that a friend won't need to talk about you behind your back. A friend will care about your feelings later ... next week, next month, even if you stop "seeing each other" or you break up.

What good consequences could happen from this?

Will it help you get to know yourselves and one another better? Will it help your relationship?

What about bad consequences?

Could this decision make it tougher to talk with each other? Sexual touch can complicate relationships. Would the kind of touch you are considering put the two of you at risk for pregnancy? AIDS? Sometimes there are safer alternatives, that could still express your feelings for each other and/or meet your need to touch.



Reference Sheet, continued ...

What do I believe about this?

What kinds of sexual touch do you believe in sharing at this point in your life? Kisses? Cuddling? Backrubs? Intercourse? Do you believe you should be married before you have intercourse? engaged? going together for a year? in love? out of high school?

Doing something you don't think is right, will only cause you guilt. Your early experiences with sexual touch are ones you will always remember. What kinds of memories do you want?

What do other people believe about it?

You don't live in a vacuum ... you may think other people's opinions don't matter to you, and most people's truly don't. But some people's do. Think of somebody you trust and admire ...somebody whose respect you really want. It may be a particular friend or family member. Your coach? Youth leader?

Now, think about how you would feel if that person knew your decision ... would you kiss in front of that person, for instance?

Reference Sheet, continued ...

How do I feel about sex?

It may sound strange, but many people have their early sexual experiences when they don't even feel particularly sexual. They touch because they think they're supposed to, or in order to prove something, or because the other person seems to want to ... and they actually feel sort of numb or empty. Those kinds of experiences can louse up your ability to have really **good, fun, enriching sex,** later on. What good is empty touching anyway?

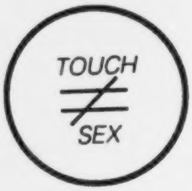
If you don't feel particularly sexual, don't assume something's wrong with you. Some people don't feel very sexual at all until they're older ... despite what everyone ***says***.

What does the other person want?

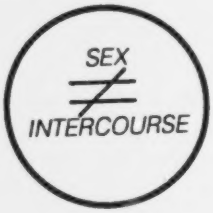
If he or she doesn't want the same things you want, if this particular touch isn't right for him or her ... then **it probably isn't right for you, as a couple.**

REMEMBER:

Not all touch is sexual.



And not all sexual touch is intercourse.



If you *really* want to hold this person and be held ... that's affection, and it may or may not feel sexual. If you *really* feel like offering a back rub, that's nurturing, and it may or may not feel sexual.

If the truth is you feel like tickling, or wrestling, or walking hand-in-hand you don't have to pretend it's something it's not ... you can feel what you feel. You don't have to prove anything to yourself or anybody else.

Remember, you're the one who will live with whatever decisions you make. Today you are making tomorrow's memories. What kinds of memories do you want?

Lesson Plan 9

Sexual Exploitation

Day 1: Communication

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Identify the 2 critical components of good communication as: "assertiveness" and "really listening."
2. Distinguish among assertive, aggressive, passive and manipulative communication.
3. Demonstrate good communication, with coaching.

MATERIALS NEEDED:

PHOTOCOPIES
Two of ...
   Demonstration Scripts 1 and 2
One class set of ...
   Communication Reference Sheet
   Communication Rehearsal Sheet
Two per class period of ...
   Georgie's Rap

TIME NEEDED:
one class period

AGENDA:

1. Explain the lesson's purpose.
2. Have volunteers demonstrate how-*not*-to and how-*to* communicate, using Demonstration Scripts.
3. Use the Communication Reference Sheet to elaborate on the communication concepts.
4. Have two-person teams practice the skills, using the Communication Rehearsal Sheet.
5. Summarize the lesson, remind class about upcoming Field Trip Reports, and make an extra credit assignment of *"Georgie's Rap"*.

ACTIVITIES:

1. Explain the lesson's purpose:

   By the end of this lesson, you will all have some ideas about:

   >> how to communicate honestly ...
   how to avoid getting hurt or used, and
   how to say what you want (or don't want) without having to hurt or use other people.

2. Have two volunteers enact Demonstration Script 1. In private, instruct the person playing the Major Role to play it poorly ... to avoid eye contact with the other person, to sit in a slumped position, to fidget a lot, to speak softly, and generally to act like someone who doesn't have much confidence.

   Without class discussion of the first scenario, have two more volunteers launch into enacting Demonstration Script 2. This time, however, privately instruct the person in the Major Role to try to convey the image of someone who is self-assured ... to look at the other player, to sit in a relaxed and confident way, to speak with a convincing tone.

   Don't be alarmed if the class has trouble taking the role plays seriously. Some humor may actually help alleviate their discomfort. As the unit progresses you can expect them to become more comfortable with role-playing.

   Facilitate a class discussion of the contrast between the two scenarios. See if students can identify the differences described above. See, too, if they can identify that, in Script 2:

   >> the person in the Major Role (MR) used fewer terms such as "uh" and "y'know" ... that MR may not have done a perfect job of it, but that he or she at least did try to get to the point.

   >> that MR didn't apologize for her or his decision, nor for the other person's discomfort.

   >> that MR stopped interrupting and tried to listen.

   >> that both people actually asked each other questions, to *check out* whether they understood each other.

3. Hand out the Communication Reference Sheet and have volunteers take turns reading aloud. As one person reads, it might be fun to have another person pantomime the description being read.

4. Hand out the Communication Rehearsal Sheet and give the class three minutes to read it silently (or read it aloud to them). Have students pair up with a partner. You may have to join someone if there is an odd number of students.

Give the pairs four minutes to try enacting Situation A. Discuss how it felt and which "Assertiveness" and "Really Listening" skills they were able to incorporate.

Have those who played Person #1 now switch to Person #2 and vice versa. Give them four minutes to enact Situation B. Again, discuss their successes.

6. Summarize the lesson:

A lot of the hurt in relationships could be avoided if couples could just communicate better. Good communication involves two things: ***assertiveness*** *and* ***really listening*** *to the other person.*

Remind people doing Field Trip Reports on sexual exploitation ("Child Sexual Abuse", "Date and Statutory Rape", and "Other Sexual Assault") that their reports are due tomorrow (as part of lesson 10).

Arrange for two volunteers to prepare Georgie's Rap to present the day after tomorrow (at the beginning of lesson 11) -- presumably for extra credit. Give them each copies of the Rap to take home. They should ***not*** be people whose Field Trip Reports are also due tomorrow.

Communication Reference Sheet

One reason that sexual exploitation happens, is that couples don't know how to communicate! He thinks he's supposed to take what he wants ... that it's macho to take charge and make demands. She thinks she's supposed to act "nice" ... that it wouldn't be feminine to stand up for herself and say what she really does and doesn't want. Neither person is really honest about what he or she feels and neither one really listens to the ***other's*** feelings.

Good communication takes at least two things:

BEING ASSERTIVE and **REALLY LISTENING**

Here's what **ASSERTIVENESS** looks like: *

Speech and Voice	*Honest statements; direct and to the point.* *Smooth, flowing speech pattern.* *Clear, firm, relaxed voice that is loud enough to hear but not too loud.* *Voice not monotonous.*
Eyes	*Open, with direct, comfortable eye contact, but not staring.* **
Posture	*Well-balanced, straight-on; sitting or standing "tall" but relaxed.*
Hands	*Relaxed motions; appropriate gestures.*
Examples of Behavior	*Giving compliments; accepting compliments.* *Asking for what you want; being willing to take "no" for an answer.* *Saying "yes" or "no" to requests, according to what* ***you*** *have decided is best.* *Controlling temper when people get angry ... so that you might yell, but you wouldn't use put-downs, threats, or violence to get your way.*

---

* the italicized parts of this and the next two pages are adapted, with permission, from "Assertive, Nonassertive, and Aggressive Behavior," *Family Life Educator*, Network Publications, a division of ETR Associates, Winter 1987/88, Santa Cruz, CA.

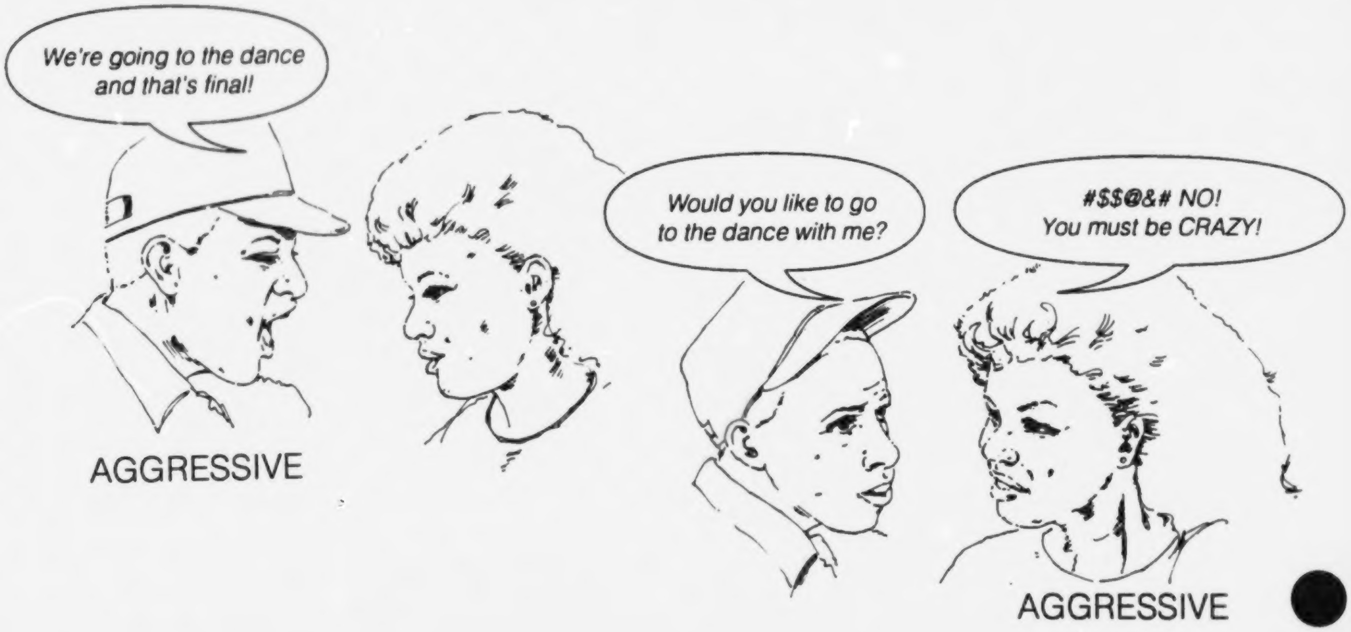
** these descriptions, especially the parts about the eyes, will differ from culture to culture. In many Asian and North American Indian cultures, for instance, it's *rude* to look right at a person. What about *your* culture ... does looking at a person show rudeness or confidence ?

Communication Reference Sheet, continued ...

Assertiveness is different from aggressiveness.

Here's what **AGGRESSIVENESS** looks like:

Speech and Voice	*"Loaded" words that start fights (such as "always" and "never").* *"You messages" (such as "You are so...")* *Superior or put-down words (such as "prude," "wimp," "slut" etc.)* *Sarcasm (such as "I guess **you** never stole anything!")* *Tense, loud voice or cold, deadly quiet voice.*
Eyes	*Narrowed, cold, staring, not really "seeing" you.* *"Rolling the eyes;" refusing to look at you.*
Posture	*Hands on hips; feet apart; back turned; stiff and rigid.*
Hands	*Clenched; fist pounding; finger pointing; abrupt gestures.* *Violent (shoving, grabbing, poking, etc.)*
Examples of Behavior	*Put-downs; name-calling; interrupting; demanding; giving orders.* *Just taking things (touch, etc.) without asking; violence.* *Ignoring you; hanging up the phone on you; walking away when you're talking.*

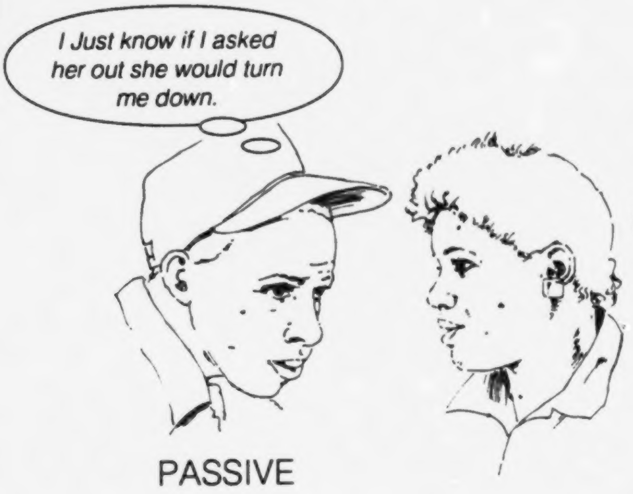

We're going to the dance and that's final!
AGGRESSIVE
Would you like to go to the dance with me?
#$$@&# NO! You must be CRAZY!
AGGRESSIVE

Communication Reference Sheet, continued ...

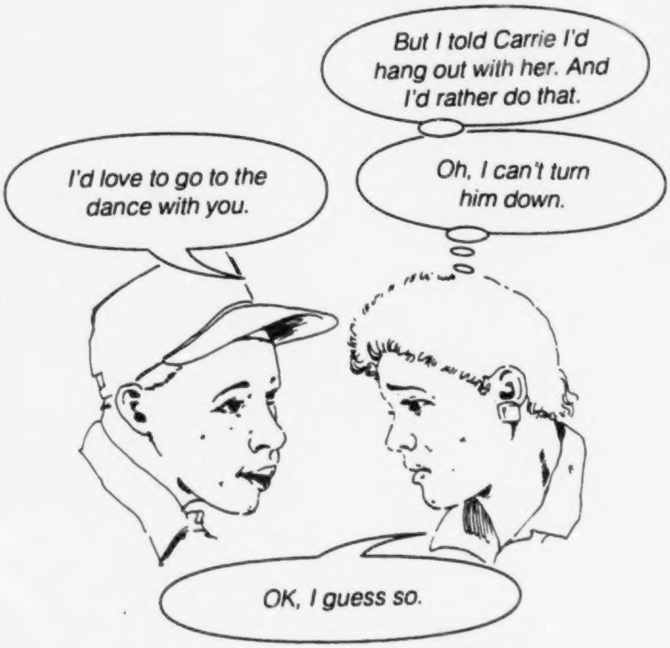
So what should you do? Just let people walk all over you? No. That's not assertiveness; it's passiveness.

Here's how **PASSIVENESS** looks:

Speech and Voice	*Lots of apologies and "ums," "ers" and "I means."* *Not coming to the point; not saying anything at all.* *Lots of throat clearing.* *Soft, watery voice.*
Eyes	*Downcast or looking away; pleading.*
Posture	*Leaning for support; stooped; nodding head a lot; holding onto him or herself.*
Hands	*Fidgety; handwringing; picking at fingernails.*
Examples of Behavior	*Saying "yes" when you want to say "no."* *Letting people treat you or someone else badly, and not saying anything.* *Deciding you can't do something before you've even tried.*


I Just know if I asked her out she would turn me down.

PASSIVE


But I told Carrie I'd hang out with her. And I'd rather do that.
I'd love to go to the dance with you.
Oh, I can't turn him down.
OK, I guess so.

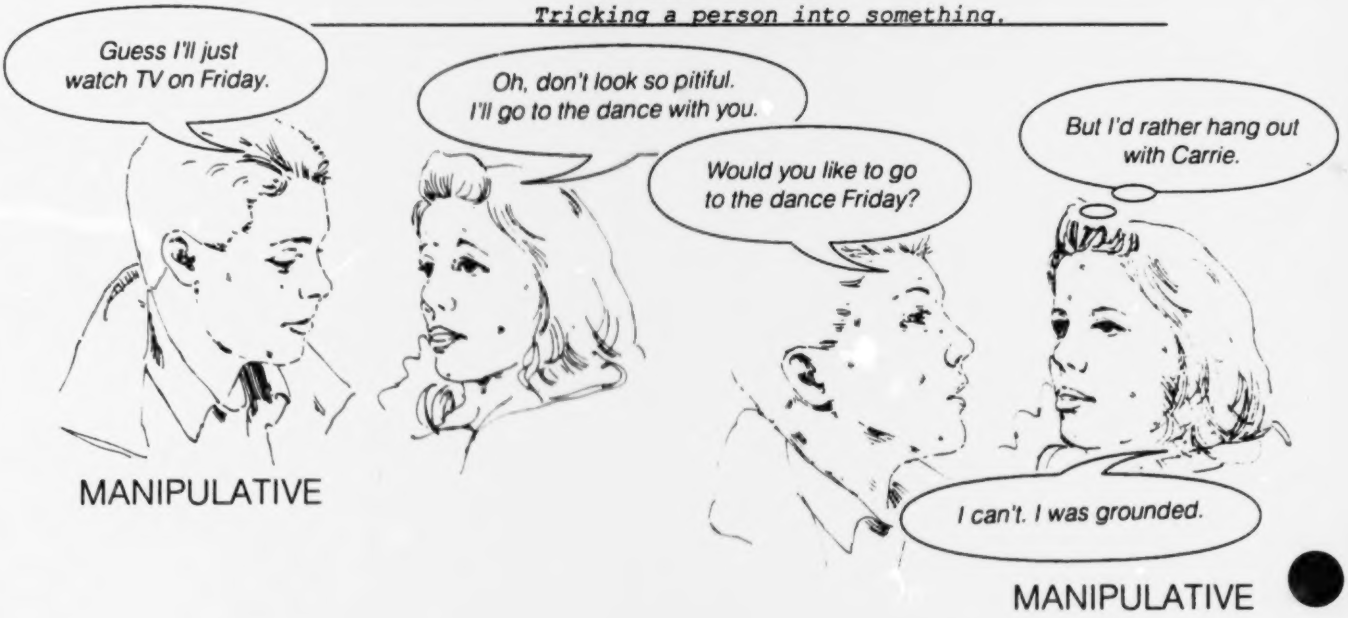
PASSIVE

Communication Reference Sheet, continued ...

Some people don't want to be "wimps" (passive), but they don't know how to stand up for themselves (be assertive), either. So they end up being manipulative, instead.

MANIPULATIVENESS looks like this:

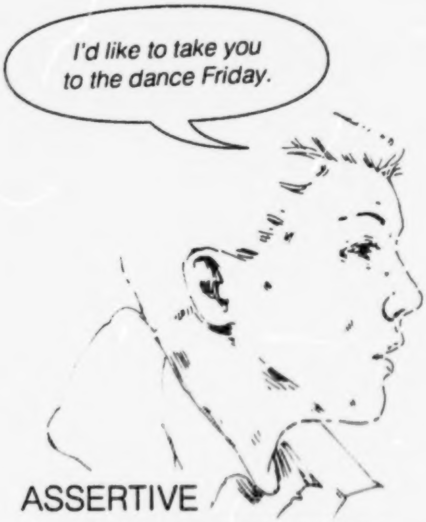
Speech and Voice	*Soft, watery voice; babytalk; "too" sweet or "con man" tone.*
Eyes	*Downcast or looking away.*
Posture	*Leaning back; arms crossed; "too cool" stance.* *Stooped, holding onto him or herself.*
Hands	*Fiddling with something or fidgety.*
Examples of behavior	*Trying to get people to give him or her things without coming right out and asking.* *Playing "poor me."* *Making excuses for his or her decisions, often untrue excuses (such as, "I can't lend you the money; I need it for lunch." when the truth is, he just doesn't* **want** *to lend you any more money 'til you pay back the last loan.) Note: "White lies" may seem easier, but they hurt when the person finds out.* *Giving compliments she doesn't really mean; doing things for a person* **just** *to get something in return ... without saying so ahead of time.* *Tricking a person into something.*


Guess I'll just watch TV on Friday.
Oh, don't look so pitiful. I'll go to the dance with you.
MANIPULATIVE
Would you like to go to the dance Friday?
But I'd rather hang out with Carrie.
I can't. I was grounded.
MANIPULATIVE

Communication Reference Sheet, continued ...

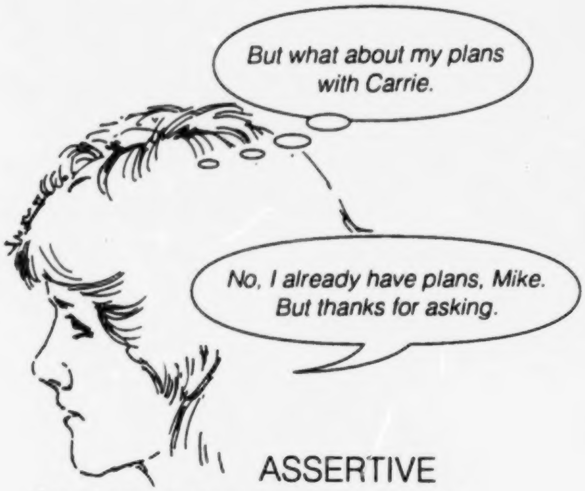
So what have we got?

ASSERTIVENESS = STANDING UP FOR YOURSELF, without having to hurt or use others. Being honest, without having to be brutal about it. Being strong, without needing to be stronger than the other guy.


I'd like to take you to the dance Friday.

ASSERTIVE

He may or may not get what he whats; but al least he tried. He'll accept it gracefully, if she says, "No."


But what about my plans with Carrie.
No, I already have plans, Mike. But thanks for asking.

ASSERTIVE

She stood up for herself, without *trashing* his feelings. Being assertive doesn't mean having to *always* say "no" ... but it means communicating your decisions honestly and without long, guilty apologies ...when you *do* decide to say "no."

AGGRESSIVENESS = HURTING OR USING OTHERS TO GET WHAT YOU WANT. Taking things from others, without asking. Acting rude, mean, selfish. Needing to prove how powerful you are; using verbal or physical violence, or threats.

PASSIVENESS = NOT STANDING UP FOR YOURSELF. Not asking for what you want; expecting people to read your mind. Letting people hurt you without speaking up. Doing things you don't want to do, because you "can't" say "no."

MANIPULATIVENESS = GETTING WHAT YOU WANT THROUGH DISHONESTY. Saying one thing when you mean another. Tricking or conning people into giving you what you want.

Communication Reference Sheet, continued ...

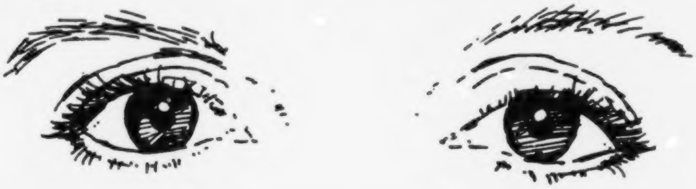
ASSERTIVENESS is a step toward good communication ... but it isn't enough. Good communication also means **REALLY LISTENING** to one another.

REALLY LISTENING takes **THREE** parts of your head.

1. You have to use your **EARS** ...

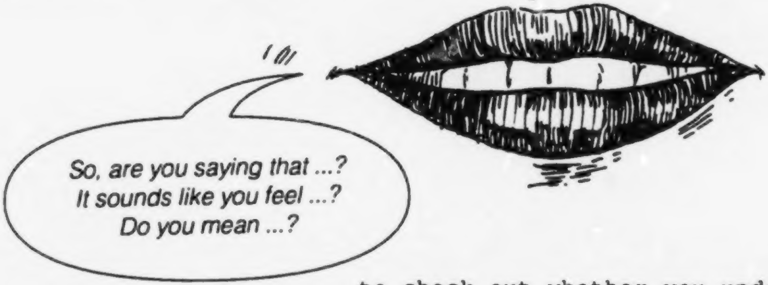
to hear what the person is trying to say.

2. You have to use your **EYES** ...



to watch the person's expression and body language.

3. You have to use your **MOUTH** ...


So, are you saying that ...?
It sounds like you feel ...?
Do you mean ...?

to check out whether you understand,
and to let the person know that you do.

Demonstration Script 1: How NOT to Communicate*

Major Role = M Minor Role = m

M: I've been thinking about us a lot, and I'm really ...

m: Oh really? What have you been thinking?

M: Well, y'know, I, uh, like you a lot. I like going out with you. I was thinking maybe we ought to, y'know, talk some and, uh, make some decisions. Uh, y'know I would hate to be in a spot where we'd, uh, where something happened. You know what I mean?

m: No. Not really.

M: Well, it's just that we like each other a lot and I guess that I think that, uh, it's time for us to, uh, y'know talk about ... I'd hate for something to happen that neither of us wanted to happen ...

m: Hmmm ...

M: You don't know what I mean?

m: Well, sort of ... I ...

M: Just the last couple of times, y'know, when we've been together, uh, it was kind of hard to go home at the end of the evening.

m: Yeah, it was.

M: And, uh ... uh ... I'm not sure about this ... Are you angry? I didn't mean to ...

m: Uh, look ...

M: I didn't mean to get you mad. It's just that we have a lot of feelings for each other and I'd hate to ...

m: It makes me nervous. But we do have a ... I do like you a lot, too. And I have a good time with you, but ...

M: Oh, I didn't mean to make you nervous. We don't have to talk about it. You know, why don't we just go to the movies?

m: OK. I think there's a good movie at the theater out at the mall.

M: Really?

m: Yeah.

M: Great. Let's go then.

m: OK!

---

* Adapted, with permission, from *Family Life Educator,* Network Publications, a division of ETR Associates, Summer 1988, Santa Cruz, CA

Demonstration Script 2: How TO Communicate*

Major Role = M   Minor Role = m

M: I really have something I want to talk with you about before we go out for the evening. It's something I've been thinking about a lot, and I would like us to have some time to talk.

m: OK, let's talk.

M: Well ...

m: Go ahead. Tell me what's on your mind.

M: Well, I guess I'm not sure how to say all this. Uh, I was thinking about the last couple of times we were together. I really enjoy the time we have together, not only going out and being with you and, y'know ... touching the way we do and just ... It really feels great!

m: For me too.

M: Sometimes I really didn't want to leave you at the end of the evening.

m: Me either. Are you saying you want to make love?

M: Huh? No! I . . . It's just that I have a lot of feelings for you and, uh, I can see a time when we ***might*** decide we want to make love.

m: It's been on my mind, too.

M: Not, y'know, tonight, or right away -- but I just see it as a possibility. I'm afraid we're we're gonna end up having sex and I don't want to.

m: I hear you. I wouldn't want to do it either, without birth control. I sometimes worry about AIDS, too.

M: I've gotta be honest with you. I wouldn't be ready even if we used condoms.

m: I understand; look ... I would kind of like to do it, but it would be OK with me if we waited a while.

M: Boy, do I feel better! I was worried that if we talked about not having sex you'd get mad and want to break up.

m: Well, I don't want to break up and just to prove it, let's go to the movies.

M: Well, before we do I need to talk about one more thing. Uh, it's easy to *say* we won't have sex, but how can we make sure we really don't?

m: Well, I could promise not to pressure you.

M: Thanks. We could go out more with friends, too, and not spend as much time alone at your house.

m: OK. Come here. Gimme a hug!

---

* Adapted, with permission, from *Family Life Educator,* Network Publications, a division of ETR Associates, Summer 1988, Santa Cruz, CA

Communication Rehearsal Sheet

SITUATION A

SKILL PRACTICE WITH A PARTNER:* *Dealing with "teasing" or "flirting" that feels like harassment

Person #1:

Your friend always seems to be looking at you (in class, in the halls, in the cafeteria). She or he keeps grabbing your butt, and saying things like, "You think you're so cute." and, "You're always horny." You don't like it; it doesn't feel like friendly teasing any more.

The scene begins with Person #2 calling you a "sex machine." Use all your good communication skills (**ASSERTIVENESS** and **REALLY LISTENING**) to let him or her know you want it to stop.

Person #2:

You like Person #1. You have been enjoying teasing her or him. You want a friendship (maybe you are interested in more; maybe not ... that's up to you).

The scene begins with you teasing your friend, calling her or him a "sex machine."

SITUATION B

SKILL PRACTICE WITH A PARTNER:* *Dealing with a boyfriend's or girlfriend's going out with someone else

Person #1:

You heard that your boyfriend or girlfriend (Person #2) went out with someone cute named Chris last night. You are hurt and scared. You thought you were going together ... that you had an agreement that neither of you would go out with anybody else. Does she or he want to break up? Does she or he care about you as much as you care about her or him? Honestly, you're pretty upset.

The scene begins with you knocking on her or his front door. Use all your good communication skills (**ASSERTIVENESS** and **REALLY LISTENING**) to try to work it out.

Person #2:

You have been going with person #1 for 2 months. Last night you were at the movies with a friend (someone who really is just an old friend) when Chris happened to sit behind you. You haven't been "going out" with anybody but your girlfriend or boyfriend (Person #1), and you don't want to break up with Person #1, but you sure don't want to stop having friends.

The scene begins with Person #1 knocking on your front door.

Georgie's Rap

Georgie porgie puddin' and pie,
Kissed the girls and made them cry.

Georgie was a sex offender;
If a person says "no" ... well, it's not tender.

Forcing touch, or pushin' or teasin',
Just ain't love and it just ain't pleasin'.

You gotta know a playful flirt,
From recognizin' someone's hurt.

Consent means both people wanted the touch;
They freely chose to touch that much.

Neither one's drunk and neither one's high;
Neither would tell the other a lie.

Consent means both people listen and care;
They like each other; they wanna be fair.

So back to George of the nursery rhyme;
He exploited folks once-upon-a-time!

We s'pose that's not what Mother Goose meant,
But let's teach George about consent.

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Lesson Plan 10

Sexual Exploitation

Day 2: Consent vs. Exploitation

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Describe the difference between consenting and exploitive touch.
2. Recognize that forced intercourse is rape, regardless of the circumstances.
3. Identify forced intercourse between people who know one another as "acquaintance rape" or, depending on the circumstances, "date rape".

MATERIALS NEEDED:

PHOTOCOPIES
One per student of ...
    Sexual Exploitation Poll
    Family Homework Exercise:
        Sexual Explitation
    Individual Homework Exercise:
        Sexual Exploitation
One transparent copy of ...
    Touch Transparency 6 *
One class set of ...
    Sexual Exploitation
        Reference Sheet 1

TIME NEEDED:
one class period

* and Touch Transparency 1, from lesson 2

AGENDA:

1. Explain the lesson's purpose and re-establish the vital importance of ground rules.

2. Have students present Field Trip Reports on "Child Sexual Abuse," "Date and Statutory Rape," and "Other Sexual Assault ".

3. Administer and tally the Sexual Exploitation Poll.

4. Use Touch Transparencies 1 (from lesson 2) and 6 to introduce the concept of *consenting* versus *exploitive touch.*

5. Use Sexual Exploitation Reference Sheet 1 to reinforce the concepts of "consent", "exploitation", and "rape".

6. Summarize the lesson and assign homework.

ACTIVITIES:

1. Explain the lesson's purpose and relevance:

   *A couple of days ago, we looked at **how people make touch-related decisions**. Making decisions that are healthy for you (physically, emotionally), decisions you feel good about, is important ... but decisions about touch affect **other** people, too. So we studied communication.*

   *Today we'll look at touch **within relationships** ... we'll begin to examine what is fair and what isn't, what's legal and what isn't. We'll focus, especially on one kind of touching problem that's common for people your age: **date rape**.*

   Re-emphasize the vital importance of ground rules.

   *You probably realize that sexual exploitation (touching problems) of one kind or another, is very common. Because it is so common, it is reasonable to assume that a number of people **in this room** have experienced sexual exploitation personally. Therefore, watching out for one another's feelings will be crucial, today ... more so than on some other days. Remember,too, that protecting your own and other people's privacy will be especially important.*

2. Begin the oral Field Trip Reports on "Child Sexual Abuse," "Date and Statutory Rape," and "Other Sexual Assault." See Lesson 1 for Field Trip Grading Forms.

3. Hand out the Sexual Exploitation Poll, read each item aloud and have students mark their perceptions of the attitudes of their fellow students. Have a volunteer tally the results while you continue the lesson. You'll need them in about 10 minutes.

4. Put Touch Transparency 1 (from lesson 2) on the screen, to refresh people's memories. *On top of it*, put Touch Transparency 6. Discuss the fact that any kind of touch (affectionate, nurturing, sexual or violent) can be: **CONSENTING** (where both people decide they want it) or **EXPLOITIVE** (where one person *uses* the other to get something they want, without concern for the other person's feelings).

   Give them examples, pointing to the appropriate part of the juxtaposed Transparencies as you go:

   Affectionate/consenting = friends who hug spontaneously when they see one another ... and both are comfortable with it

   Affectionate/exploitive = a grandmother asking a child for a hug, and when the child says, "no," she says, "Oh, you'll hurt Grandma's feelings if you don't! Tell you what ... you can have a cookie if you hug Grandma." (What's wrong here is that Grandma uses guilt [manipulation] and barter to get touch. What does that teach the toddler?)

Nurturing/consenting = a nurse offering a patient a backrub ... and the patient says, "Wow, of course!"

Nurturing/exploitive = offering to do a friend's hair, *just* so the friend will lend you his or her cassette recorder ... but not being honest about it

Violent/consenting = a game of tackle football ... where everybody who's playing is playing because they want to

Violent/exploitive = walking up to someone you are mad at and punching her or him in the nose

Sexual/consenting = a wife saying, "Let's make love," and the husband grinning as he says, "I'll turn on the stereo."

Sexual/exploitive = a rapist breaking into someone's house and forcing her to have sexual intercourse

Circle the word "*SEXUAL*" on the Transparency, and explain that the rest of the lesson will focus on **consenting and exploitive *sexual* touch.**

5. Hand out Sexual Exploitation Reference Sheet 1 and have volunteers take turns reading aloud from it. When you get to page three, stop and compare the research findings with your class' Sexual Exploitation Poll. Finish having volunteers read it aloud.

6. Finally, summarize the lesson's major concepts:

>> that ***consenting touch*** is touch that both people freely choose. Sometimes this is touch that others would consider to be wrong, and it may be stupid or risky, or it may be perfectly safe and morally right. In any case, it is not *inflicted* upon one person, by the other. It is ***fair.***

>> that ***exploitive touch,*** on the other hand, involves one person *using* the other to get something he or she wants, without regard for the other person's feelings. It is *always* wrong and sometimes *illegal* ... it is, by its very nature, ***unfair.***

Remind the two students who volunteered to perform "*Georgie's Rap*" (see yesterday's lesson) that they will be doing so at the beginning of class tomorrow. They'll need to practice after school today or before school tomorrow.

Assign homework. Assignments can include:

> Family Homework Exercise: Sexual Exploitation, and

> Individual Homework Exercise: Sexual Exploitation.

Sexual Exploitation Poll

DIRECTIONS: Below is a list of statements. For each one, ask yourself whether you think ***most of your friends*** ... not your acquaintances, but your friends ... would ***agree*** or ***disagree***.

MOST OF MY FRIENDS WOULD:

1. It is OK for a guy to hold a girl down and force her to have intercourse if he spent a lot of money on her. ___ AGREE ___ DISAGREE

2. It is OK for him to hold her down and force her to have intercourse if he's so turned on he can't stop. ___ AGREE ___ DISAGREE

3. It is OK for him to hold her down and force her to have intercourse if she's had sex with other guys before. ___ AGREE ___ DISAGREE

4. It is OK for him to hold her down and force her to have intercourse if she's high or drunk. ___ AGREE ___ DISAGREE

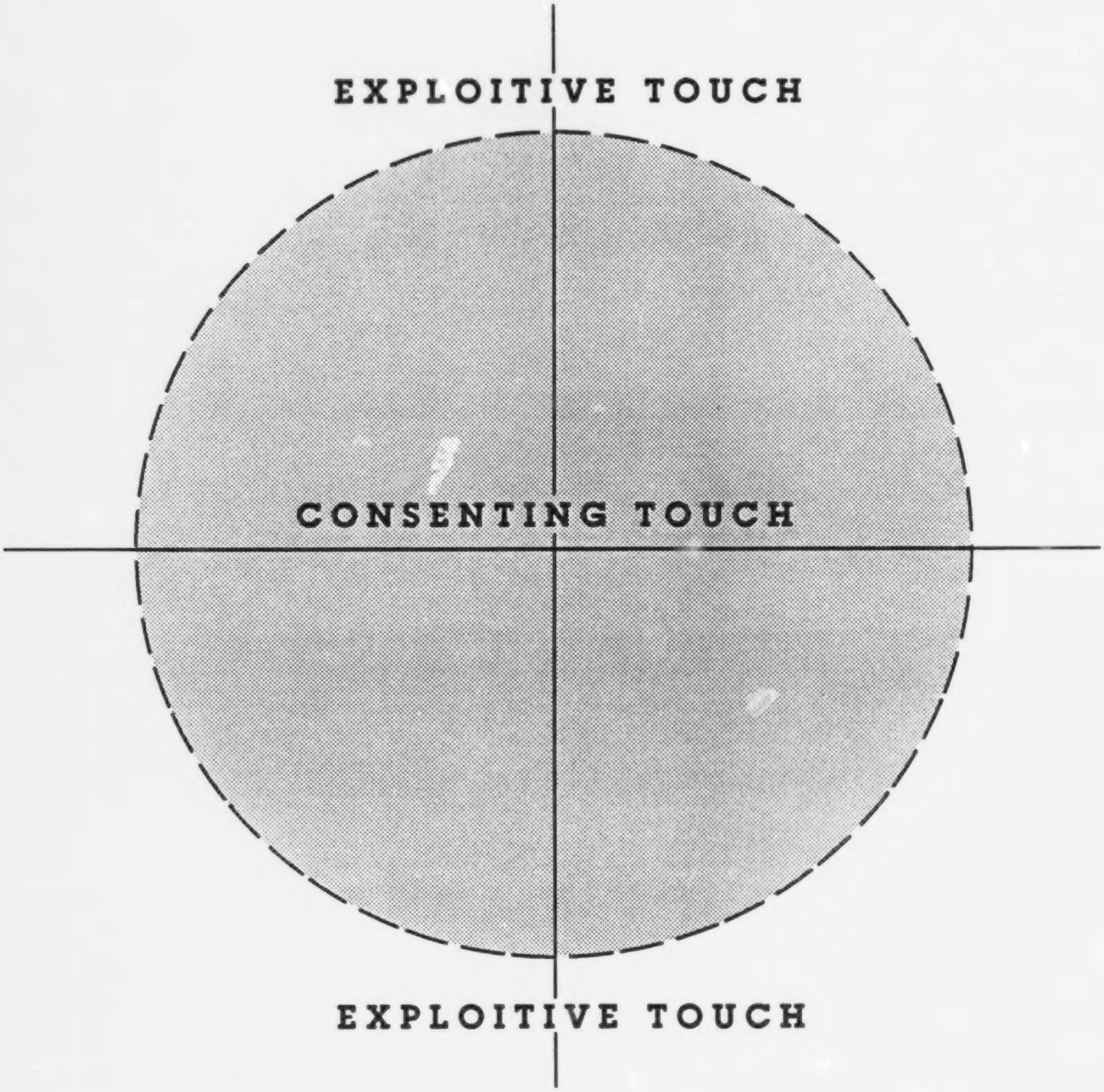
5. It is OK for him to hold her down and force her to have intercourse if she let's him touch her above the waist. ___ AGREE ___ DISAGREE

6. It is OK for him to hold her down and force her to have intercourse if she agrees to have sex with him and then changes her mind. ___ AGREE ___ DISAGREE

7. It is OK for him to hold her down and force her to have intercourse if she has led him on. ___ AGREE ___ DISAGREE

8. It is OK for him to hold her down and force her to have intercourse if she gets him sexually excited ("turns him on"). ___ AGREE ___ DISAGREE

Touch Transparency 6: Consent Versus Exploitation


EXPLOITIVE TOUCH
CONSENTING TOUCH
EXPLOITIVE TOUCH

Sexual Exploitation Reference Sheet 1

This lesson is about *sexual exploitation* and, especially, *acquaintance rape*.

WHAT IS SEXUAL EXPLOITATION?

It is one person using another to get something sexual, with no concern for that person's feelings.

You're probably wondering:

What does that have to do with me?

There are lots of reasons you need to know about sexual exploitation. For one thing, you probably know people who have been victims of sexual exploitation. Some experts estimate that one out of every three women and one out of every eight men have been sexually exploited.

So if you know more than three girls (acquaintances, friends, sisters, aunts) or eight guys (brothers, etc.) the chances are very good that you know someone who has been a victim of sexual exploitation.

Well, what can people do? We'll talk about that. But first, we'll look at how sexual exploitation *really happens ... and why*. Because, even though you don't know it, you may be part of the problem.

WHAT IS RAPE?

Rape is one kind of sexual exploitation. The legal definition differs from state to state. Most states define rape as one person forcing another to have sexual intercourse (vaginal, oral or anal sex). It means more or less the same thing as "*sexual assault*."

The force can be the sort that we usually think of, like pointing a gun to the victim's head. Or it could be threatening to hurt the person, or just holding the person down and physically forcing her or him into some kind of sexual touch.

Reference Sheet, continued ...

WHAT'S ACQUAINTANCE RAPE?

It's rape between people who know each other. Because they are often "going together", it is sometimes called "*date rape*."

Only about 25-35% of girls who are sexually assaulted are raped by strangers. Acquaintance rape -- by a boyfriend, for example -- is much more common than stranger rape, at least for girls.

Since more girls *get* sexually assaulted than guys, we'll be *talking* today mostly about girls getting exploited ... but don't forget that:

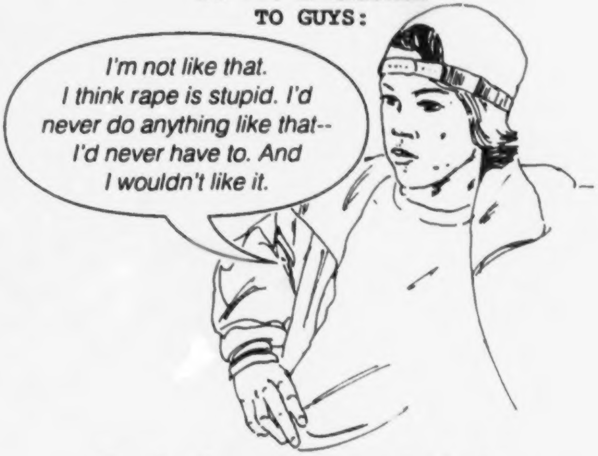
>> ***anyone can be victimized ... males and females; kids, teens, adults, old people; people who live in cities, suburbs, and rural areas ... anyone,***

and that

>> ***exploitation is wrong no matter who does the exploiting.***

SEXUAL EXPLOITATION IS WRONG!
SEXUAL EXPLOITATION IS WRONG!

SO ... A MESSAGE TO GUYS:


I'm not like that. I think rape is stupid. I'd never do anything like that-- I'd never have to. And I wouldn't like it.

That's how most guys feel when they think about rape as we see it in the movies. You know, the weird guy watching a woman, breaking in and hurting her, tearing her clothes off while she struggles, screams, or cries. But this stereotype applies to very few rapists, especially in "*date rapes*."

The men who commit acquaintance rape are everyday types of guys and their victims are everyday types of girls -- guys like you and girls like your sister, girlfriend, or classmates. And they're doing everyday sorts of things -- going to dances and parties, trying to figure out how much they like each other, trying to be "successful" with the other sex.

They don't think of themselves as "rapists" any more than you do. They're just guys who think they have to have sex to show they're men, or who get mad at someone who changes her mind or who acts confused about what she wants.

AND A MESSAGE TO GIRLS:

Some girls don't stand up for themselves, because they sort of believe they *deserve* to be raped. You are probably saying to yourself:

Not me.
I know my rights!

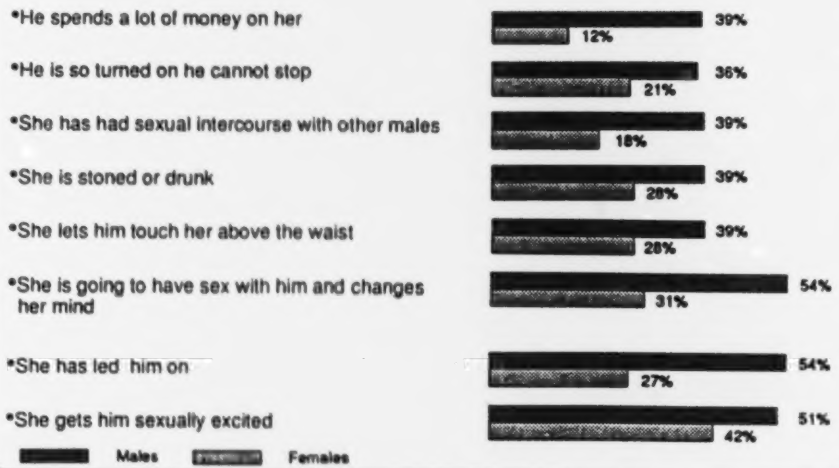
Of *course* you know that a stranger or an adult has no right to force you to have sex. But in some other situations, you might be surprised by ***your own attitudes***.

Reference Sheet, continued ...

A few years ago a group of researchers asked a group of 14-18 year olds whether they thought it was OK for a guy to hold a girl down and force intercourse on her, under different circumstances.

Three out of four boys and more than half the girls thought that rape was sometimes all right.

Percentage of High School students that said it is **OK** for a male to hold a female down and physically force her to engage in intercourse If ....



When people really look at what acquaintance rape is, many feel pretty strange as they look back on their past and find at least one situation in which they're not so sure about whether they could ever (or *did* ever) really rape someone. Others look back and say, "*Well, if that's how you define it, I guess I **got** raped once.*"

Let's take a look at the difference between ***"consent"*** and ***"exploitation"*** ... and how each one can happen.

WHAT IS CONSENT?

Consent is agreement. "*Consenting touch*" is simply touch that both people agree to. The opposite of *consenting touch* is *exploitive touch.*

There are two *ways* that *consenting **sexual** touch* can happen. Either both people want the same thing to begin with, or they talk it over and make a decision that they *both feel good about.*

IF THEY DON'T BOTH FEEL GOOD ABOUT IT, IT ISN'T CONSENTING TOUCH.

Exploitation happens whenever people:

> try to guess what the other person feels, instead of asking,

> don't believe it when the other person ***says*** what he or she feels ("Oh, she doesn't really mean it.").

Reference Sheet, continued ...

Exploitation also happens when people:

> let alcohol or another drug get in the way of an honest decision (a person can ***never*** truly consent while "*under the influence*"),

> know a pregnancy can happen but don't talk about it,

> think they might have an infection ... and don't bother to tell the other person,

> get involved with someone a lot older (or younger) than they are ... who has a lot more (or a lot less) experience, confidence, and emotional power than they have.

....

It especially happens when people:

> don't know how to stand up for themselves without standing ***on top*** of other people ... don't know how to be "assertive,"

> think only of their *own* feelings, and not the other person's,

> tease, threaten, trick, force, or pester another person to touch in any way that person doesn't want.

....

Exploitation doesn't need to keep happening. Your generation can try to put a stop to it ...

WILL YOU ?

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Family Homework Exercise: Sexual Exploitation

NOTE: ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

According to the Reverend Marie Fortune, "***Advertising affects us all. If it didn't work, they wouldn't use it ... The images of the ways that men and women relate shape our expectations about our own relationships.***"

Some advertising tells us, in subtle ways, that it is OK to use and exploit others ... even for sex. Or that men and women should act in certain ways, no matter how they feel. One ad in a popular magazine promises that a certain brand of gin "may turn *maybe* into *again*." It shows us a couple in a passionate embrace. What do you think that advertiser is saying? Talk about it.

Together, the two of you, flip through a few of magazines or watch a couple of hours of television. Look at the ads; talk about them. Can you find any that imply any of these messages:

> "Real men are in control."
> "Real women manipulate men."
> "When a woman says, 'No' ... she really means 'yes'."
> "When a person dresses sexy, it means he or she wants sex."
> "Sex is best in marriage."
> "Men and women can be friends."
> "Being polite and quiet (not saying what you feel) is feminine."
> "Being rude and loud (and not listening) is masculine."
> "Real men protect those they love."
> "Healthy adults don't take stupid risks."
> "Children and preteens are sexy."
> "Violence is sexy."
> "The human body is fabulous."
> "Certain specific kinds of bodies are fabulous."
> "Communication and consideration are sexy."

How do the two of you feel about each of the messages listed above? Talk about it. If you were going to call or write them magazine or TV station about their ads, what would you say?

FOR FULL CREDIT, THIS EXERCISE IS DUE: ___________
IF YOU WANT CREDIT, SIMPLY TURN IN THE SLIP, BELOW.

FAMILY HOMEWORK CONFIRMATION SLIP

We have completed "Family Homework Exercise: Sexual Exploitation".

Date: ______________________

student's signature: ______________________

adult's signature: ______________________

Individual Homework Exercise: Sexual Exploitation

NAME ____________________________________ PERIOD ___________

(1) Find an article or an editorial in a newspaper or magazine about one of the following:

DATE RAPE STRANGER RAPE INCEST

CHILD SEXUAL ABUSE SEXUAL HARRASSMENT

(2) Write a "letter to the editor" about the article or editorial.

You can simply thank her or him for having published it, and explain *why you think such news coverage is so important.*

You can *agree or disagree with something someone is quoted as saying.*

You can explain *why you think a law mentioned in the article should be changed or why it shouldn't.*

You can argue about *the way the article was written* (if it seemed biased to you) *or about the editor's opinion* (if it was an editorial).

(3) Be sure to include your name, address and phone number in the letter (otherwise they won't publish it) ... you can always ask them not to print your name, if they do publish your letter.

(4) Attach a copy of the article and a copy of your letter to this page and turn it in for credit. You can get credit for mailing it in, whether or not it gets published.

(5) Fill in this information:

HEADLINE: ____

NEWSPAPER/MAGAZINE: __________________________________

DATE OF PUBLICATION: ________________________

DATE YOU MAILED YOUR LETTER TO THE EDITOR: ________________________

Lesson Plan 11

Sexual Exploitation
Day 3: Continuum of Sexual Touch

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Identify where, on a continuum of consent/ exploitation, a particular kind of touch belongs.
2. Recognize that sexual assault is illegal and that all exploitive touch is wrong.

MATERIALS NEEDED:

PHOTOCOPIES
One class set of ...
   Georgie's Rap *
   Sexual Exploitation
      Reference Sheet 2
One transparent set of ...
   Touch Transparencies 6-13 **

TIME NEEDED:
one class period

* Optional to have a whole class set; you'll find it in lesson 9.

** Touch Transparency 6 is from lesson 10; you should already have a copy of it.

AGENDA:

1. Review yesterday's concepts by having a pair of volunteers perform *"Georgie's Rap."* (see lesson 9)
2. Use Sexual Exploitation Reference Sheet 2 and Touch Transparencies 6 and 7 to examine *the consent/ exploitation continuum.*
3. Use case studies, discussion, and Touch Transparencies 8-13 to illustrate degrees of consent and exploitation.
4. Finish reading the Reference Sheet aloud together.
5. Respond to students' questions (anonymous and otherwise) on sexual exploitation. Summarize the lesson.

ACTIVITIES:

1. To review yesterday's concepts, begin with a performance (by two volunteers -- see lesson 9) of *"Georgie's Rap."* It may be more comprehensible if you give everybody a copy on which to read along.

2. It helps to think of consent and exploitation on a continuum, with one definition fading into the next. Hand out Sexual Exploitation Reference Sheet 2. Have volunteers take turns reading the first page aloud. Use Touch Transparencies 6 (from lesson 10) and 7 to help explain the continuum of sexual touch.

3. Ask everyone to pull out a sheet of notebook paper and "number" it A through F, leaving a couple of lines between each letter. Read aloud Case Study A, below *, putting the corresponding Transparency (8) on the screen. Have students write the characters' names after the "A" on their notebook paper.

Case Study A:
Amy and Alex

Alex has asked Amy out three times and each time she's turned him down. He's still attracted to her, but he's also mad at her for not being interested in him. He's begun to talk about how "stuck-up" she is. One day, Amy comes to school wearing a tube top. Alex gets behind her, walking down the hall. He gets up close to her and suddenly grabs her top and pulls it down to her waist.

Where does this first case study belong on the continuum? (Answer: It is "sexual aggression." Write that on Transparency 8 and have everybody write it on their notebook paper under "Amy and Alex".) Go on to Case Study B and Transparency 9.

Case Study B:
Brian and Betsy

Brian and Betsy have been going together for a year. They've never had intercourse, but they've come about as close as you can without actually "going all the way." One night after a party, they're out parking. Betsy all of a sudden realizes that Brian isn't going to stop like he usually does. She starts pushing him away, saying "no." Brian just doesn't pay any attention to her and keeps on going. Betsy starts to cry, but Brian still doesn't stop.

Where does this belong on the continuum? (Answer: It is "sexual assault." Write that on Transparency 9 and on the notebook paper.)

* Three of these five case studies were slightly adapted, with permission, from *"Macho: Is That What I Really Want?"* by Bateman and Mahoney ... see Reference Sheet to order.

Case Study C:
Carla and Curtis

Carla and Curtis have been going together for six months, and for six months he has made it clear that he believes certain kinds of sex belong in marriage. Carla has argued, a few times, that they will probably get married after high school, anyway ... so she feels vaginal or oral intercourse would be OK for them.

One night, on the way to the movies, Carla pulls a bottle of wine out of her purse. Curtis has a sip, but when he stops at one sip, she teases him for being a "wimp." Finally, he has enough that he is kind of drunk. They decide not to go to the movies, after all. She gets him to have intercourse, because he isn't really thinking straight.

Where does this belong on the continuum? (Answer: It is "sexual aggression" ... there was not exactly "force", but it was clearly taking advantage of somebody "under the influence" of a mind-altering drug [alcohol] ... Write "sexual aggression" on Transparency 10 and on the notebook paper.)

Case Study D:
Deborah and Dean

Deborah and Dean, longtime friends, both became widowed in their early seventies. After about a year, they began spending more and more time together. Gradually, they started getting playful and tender ... kissing, cuddling, and so forth.

Where does this (Deborah and Dean's case study) belong on the continuum? (Answer: It is "mutually consenting touch." Write that on Transparency 11 and the notebook paper.)

Case Study E:
Eric and Emily

Eric and Emily have been married for five years. For the first year or so, they had intercourse five or six times a week. Now it has dwindled down to about once a week. Eric seems to have sort of lost interest. So one evening Emily says, "Honey, why don't we turn off the TV and make love." Eric answers, "Oh, I don't want to. I'm kind of tired." She tries again, "C'mon ... I really miss it. Please." He says, "Emily, this is my favorite show! Maybe on the weekend." Emily pouts and Eric finally says, "Oh, alright. If you're going to act like that." So they do have sexual intercourse, after all, though Eric feels sort of resentful.

Where does this fit on the continuum? (Answer: It is "unfair pressure and touch" ... there were no threats, but it is exploitive to manipulate a person by pouting ... being assertive sometimes means asking for what you want a second time, but it also means respecting a person's right to say "no." Write "unfair pressure and touch" on Transparency 12 and the notebook paper.)

Case Study F:
Frank and Felicia

> *Felicia and Frank are watching television at her house. After her parents go to bed, they start kissing and making out. Each time they've been together, Felicia has let Frank go a little further sexually. Tonight Frank gets really excited and wants to have intercourse, something they've never done before. Felicia starts getting nervous and tells him to stop. He does stop ... and moves down to the other side of the couch.*
>
> *Felicia doesn't want to have intercourse, but she wants to continue kissing, so she moves down next to him and tries to snuggle against him. He starts talking about her friend, Barbara. He thinks that Barbara wants to go out with him. He says that he thinks Barbara wouldn't get him all excited and then turn him off. Then he tells Felicia that either she goes along with what he wants, or it's all over between them and he's going to call Barbara.*

Where does this belong on the continuum? (Answer: It is "sexual coercion." Write that on Transparency 13.) Students may challenge the fairness of Felicia's behavior. They're right: Felicia was not a very skilled communicator. She could have used *words*, instead of actions, to express what she did and did not want. She could have shown concern for Frank's feelings. Nonetheless ...

Being a poor communicator does not mean a person deserves to be coerced/threatened. ***No one ever deserves to be exploited*.**

You may find this analogy helpful:

> *Suppose Rhonda went to her grandmother's house for Thanksgiving. Rhonda was dieting, so she took salad, peas, turkey and milk, but she skipped the stuffing, cranberry sauce, and candied yams. Grandma felt hurt; she said, "Rhonda, don't you love me? You would take a little bite of everything if you liked my cooking." Rhonda said, "Oh, Grandma!" and she helped herself to a second helping of turkey and peas, still skipping the yams, and stuff. Now Grandma was furious. She said, "You rude, ungrateful brat! If you don't appreciate me, there are starving children who would! Get out of my house; next year I'll invite a poor child instead of* ***you***."

Sure, it would have been thoughtful of Rhonda to compliment her grandmother's cooking and to explain her decision. It would have been polite to ask, before taking a second helping. But just because she didn't explain her decision and express her caring feelings, does she deserve to be replaced in her Grandmother's life?

ASK THE CLASS WHAT RHONDA COULD HAVE SAID. For example:

> *"Grandma, I love your cooking. This turkey is delicious. I'm trying to lose weight, though, and I don't want certain foods. Would it be OK if I got a little more turkey and peas?"*

ASK THE CLASS WHETHER PEOPLE HAVE A RIGHT TO WANT SOME FOODS AND NOT OTHERS.

We think so ... and we think it's wrong to try to force someone to eat foods they don't want to eat ... ***no matter whether the person communicates well or not.***

ASK THE CLASS WHETHER PEOPLE HAVE A RIGHT TO WANT SOME TOUCH AND NOT OTHERS.

We think so ... and we think that, whether or not Felicia communicates well, ***Frank has no right to force touch, by making threats.*** Sure, it would have been thoughtful for Felicia to tell Frank, in words, that she cared, and to explain what she would and would not like, in terms of touch.

ASK THE CLASS WHAT FELICIA COULD HAVE SAID. For example:

> *"Frank, I care a lot about you, and I love cuddling and kissing with you. I don't want to make love; I **would** like to keep making out, if you would.*

THEN WHAT COULD FRANK HAVE SAID? A couple of possibilities:

> *"OK. I can handle it. I guess I'd like that, too."* or,
>
> *"Look, 'licia, I know myself too well; I can't make out like that and just stop. It's like opening a bag of potato chips and trying to eat just one. I'd rather not be alone at all, if we aren't going to make love."*

4. Read the second page of the Reference Sheet aloud together, in order to connect these exploitation lessons with the decision-making concepts.

5. Respond to the questions from the "Sexual Exploitation" envelope (and any questions students would like to ask aloud regarding the issue).

Finally summarize these key concepts:

>> that ***exploitive touch*** includes

- *"unfair pressure"* (if a person has to say "no" more than twice it is no longer fair persuasion, it's unfair pressure),
- *"sexual coercion"* (threatening to physically or emotionally hurt someone is coercion ... taking advantage of a person under the influence of drugs, including alcohol, is coercion)
- *"sexual aggression"* (touching a person on private parts, without their permission or while they are drunk or high, even in a "teasing" way, is sexual aggression),
- *"sexual assault"* (forcing a person to have intercourse, or certain other kinds of sexual touch, is rape, and is illegal. Whether it's illegal or not, forced sexual touch of any kind is sexual assault),

>> that ***consenting touch*** can be a joyful, enriching part of life, and

>> that their generation can be the one that chooses love (caring, consideration) over hate.

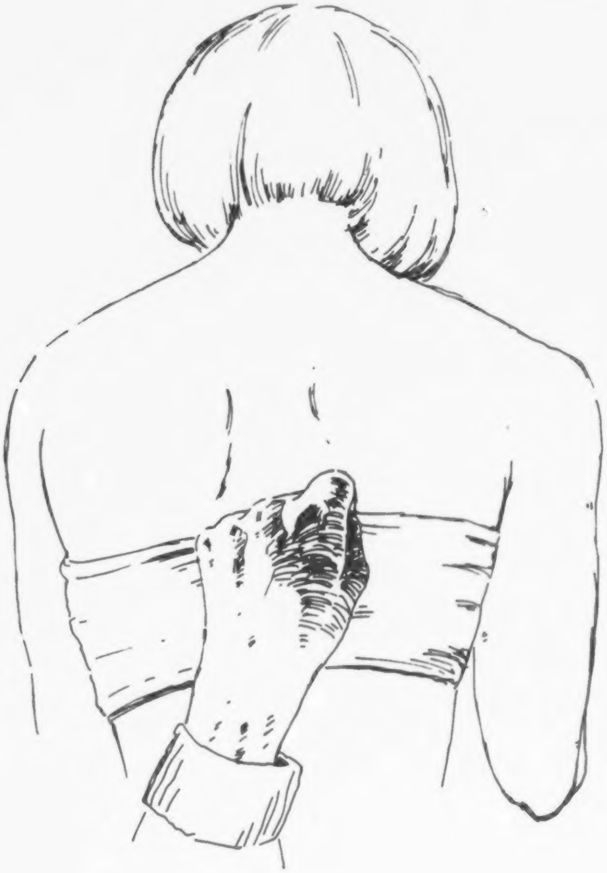
Touch Transparency 7: The Sexual Touch Continuum

1. Mutually Consenting Touch
2. Persuasion & Consent

SEXUAL TOUCH

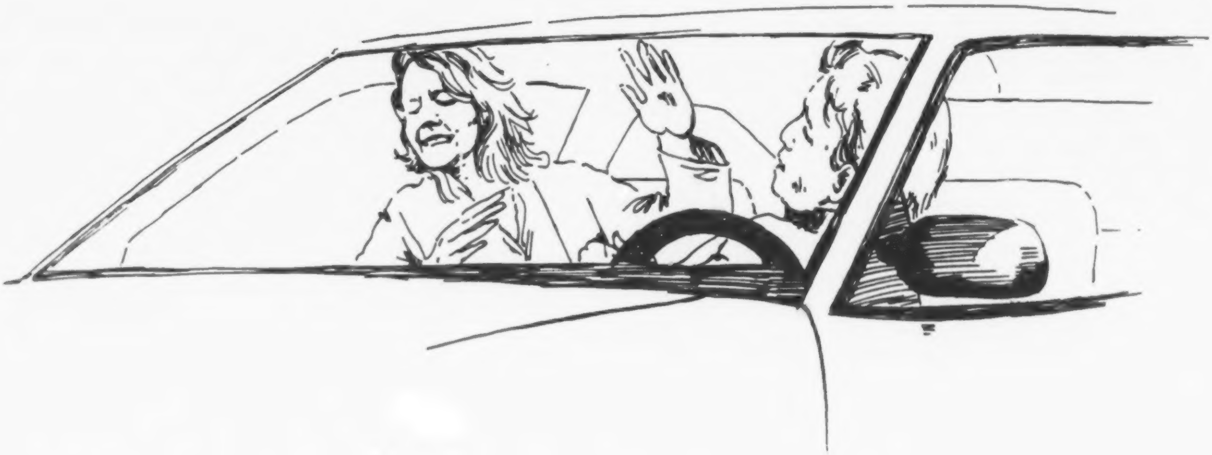
3. Unfair Pressure & Touch
4. Sexual Coercion
5. Sexual Aggression
6. Sexual Assault & Rape

Touch Transparency 8: Amy & Alex



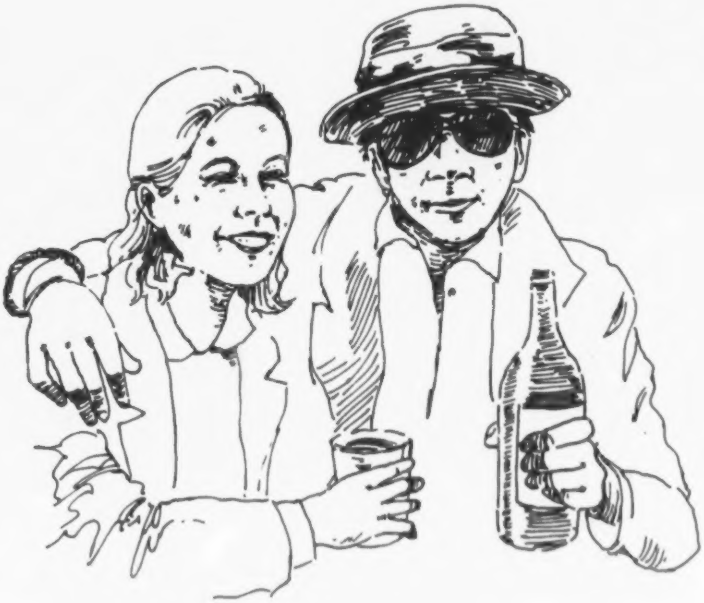
Kind of Touch: ______________________________

Touch Transparency 9: Brian & Betsy



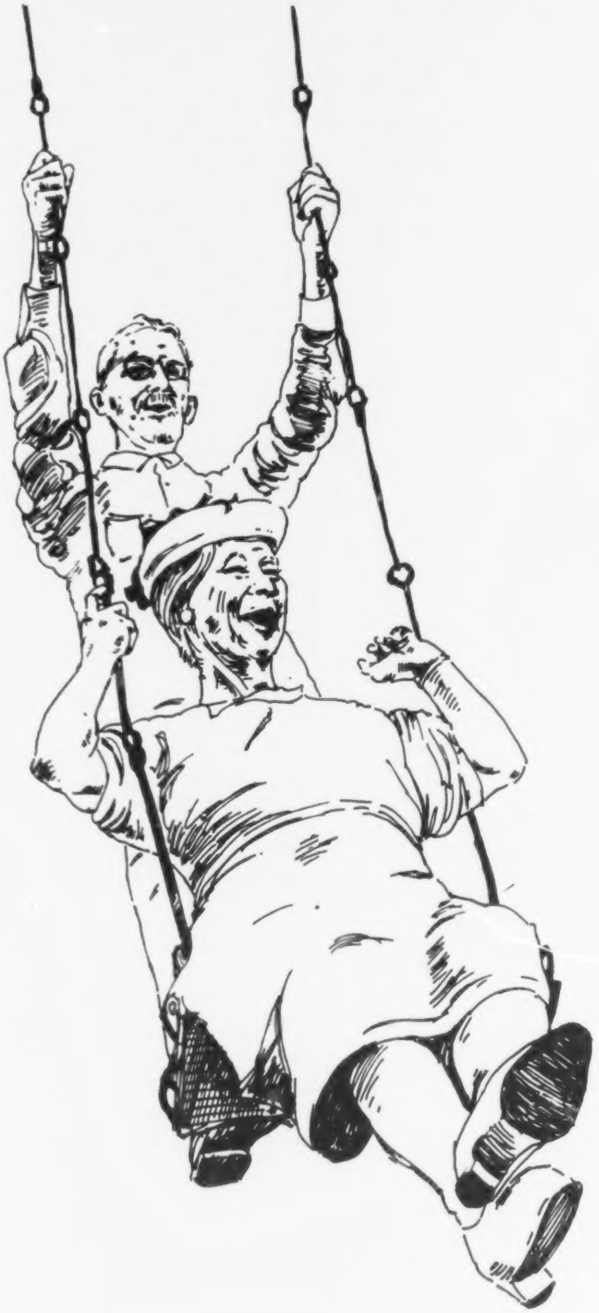
Kind of Touch: ______________________________

Touch Transparency 10: Curtis & Carla



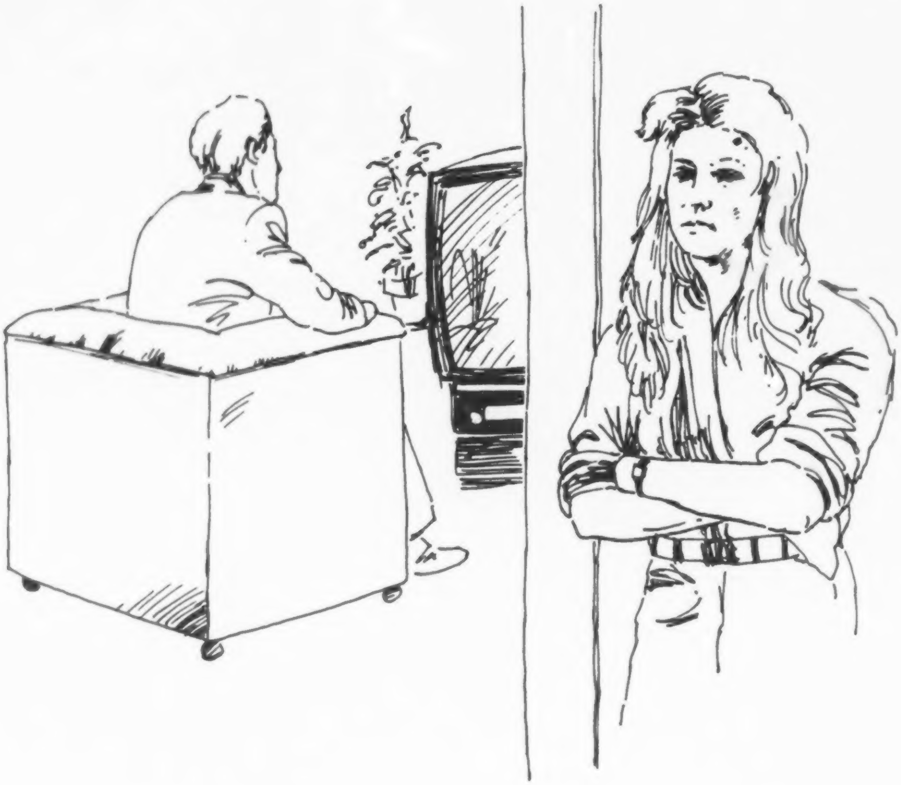
Kind of Touch: ______________________________

Touch Transparency 11: Dean & Deborah



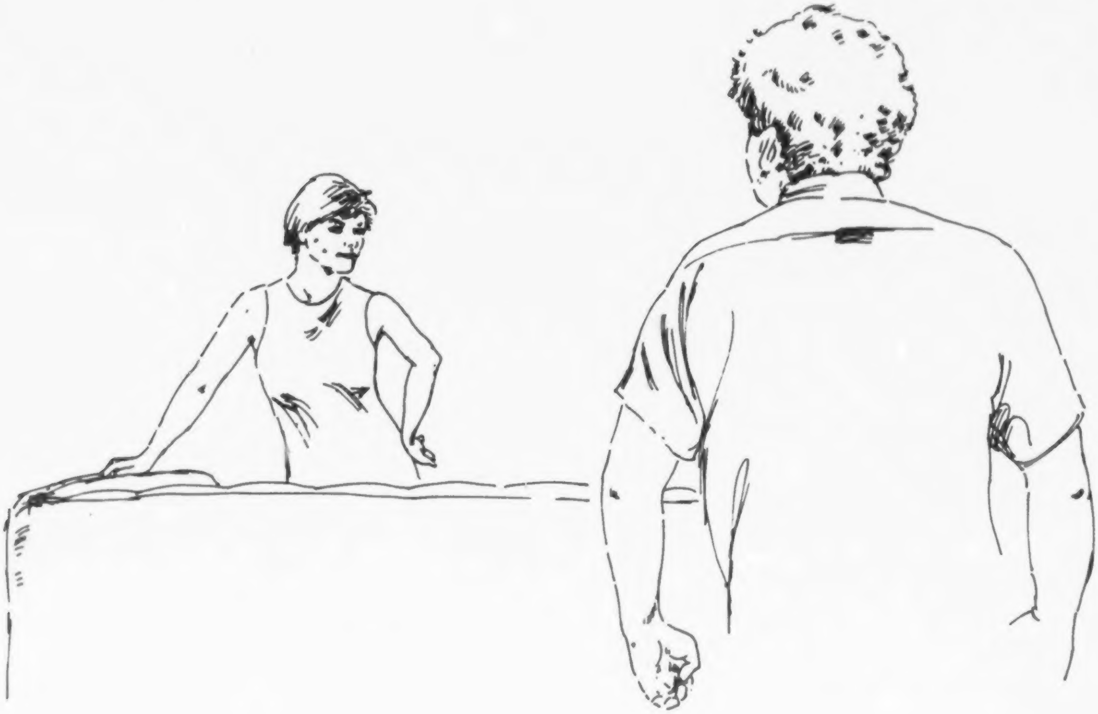
Kind of Touch: ____________________

Touch Transparency 12: Emily & Eric



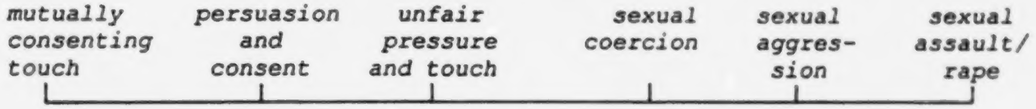
Kind of Touch: ______________________________

Touch Transparency 13: Frank & Felicia



Kind of Touch: ____

Sexual Exploitation Reference Sheet 2



"Mutually consenting touch"

This is what people do when they make out. It is how they learn what feels good to them, and one another, how to do things like kiss, take someone's hand. They learn how to tell a partner what they *do* like and what they *don't* like. This is an important part of growing up. It works best when the two people like, care about and trust each other.

"Persuasion and consent"

This is when one person isn't sure about trying something ... and the other one wants to. It's common that when two people get together, they're not in complete agreement about what to do. As long as whoever does the persuading cares about the other person's feelings and is willing to take "no" for an answer, and as long as they reach a decision they both feel good about, there's nothing unfair about it.

"Unfair pressure and touch"

This is the start of exploitation ... one person using the other. A boy might tell a girl what he thinks she wants to hear (like,"I love you.") even though it's not true. Or make a promise he doesn't plan to keep. A girl might trade sex for presents or dates. Or a person might just ask and ask and ask. This isn't rape (there's no force; only dishonesty), but it isn't fair.

"Sexual coercion"

Here, there is some kind of threat, although not of physical harm.

If you don't, I'll...
find someone else who will.
tell people you're gay.
tell everyone you did it.
break up with you.
fire you.

Threats are a kind of force. It isn't rape, but it's getting closer.

"Sexual aggression"

The random pinching, touching and feeling that goes on at parties and in the hallways at school are sexual aggression. A lot of folks think it's OK to show people you like them by grabbing at them in a "teasing" way. But it can feel like an attack because the victim doesn't even get a *chance* to say "yes" or "no" ... the person is either *not* consulted or is too drunk or high to freely consent. Sexual aggression is very close to sexual assault and rape.

"Sexual assault - rape"

Forcing a person to have any kind of intercourse (vaginal, oral, or anal) is rape, according to the law ... it doesn't matter if they know each other, or how much money the rapist has spent on the person, or whether the person changes her mind. It is rape. We define sexual assault more broadly than rape, as *any sort* of forced sexual activity.

BACK TO DECISION-MAKING FOR JUST A MOMENT

It's important to remember ...

> Some people believe all sexual touch outside marriage is wrong.

> Others believe that some kinds of sexual touch are OK outside a committed relationship, but not other kinds.

> And some believe that all same-sex sexual touch is wrong.

> Some disagree.

> Some people believe that liking and loving each other is the most important issue in a sexual decision.

> Some believe that even married people should only have sex when they want babies.

> Others believe that, only when two people are mature enough to talk comfortably about things like pregnancy and disease, should they consider sexual touch.

Because there are such different beliefs, we think this is an important issue to talk over with your family. See if you can find out, over the next few days, what some of the people in your family believe about sexual touch ... when it's OK, when it's stupid or wrong. If you belong to a church or mosque or synagogue, find out what they teach, too.

Reference Sheet, continued ...

One thing we can hopefully ***all*** agree on is that ***pushing*** a person to touch, or teasing, tricking, threatening, or forcing them into touch ***is always wrong!***

So what can you do about sexual exploitation?

First, pay attention to your feelings and beliefs. Remember that there are ways to have fun together and not end up doing something you might be ashamed of later on ... or something that causes damage to another person (unseen damage that you might never know about)... or something that might be against the law. You can try to:

> ask honestly for what you want and be clear about what you don't want,

> be prepared to take "no" for an answer, accepting your partner's limits gracefully,

> remember that you deserve to be treated like the unique, wonderful person you are,

> and remember that your friend deserves the best, too ... ***you!***

This Reference Sheet was adapted from Macho: Is That What I Really Want by Bateman and Mahoney. To order the whole booklet, or another called, Acquaintance Rape: Awareness and Prevention for Teenagers, write: Alternatives to Fear, 2811 E. Madison, Suite 208, Seattle, WA, 98112 or call (206) 328-5347.

Lesson Plan 12

Sexual Exploitation

Day 4:

Assault Strategies

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. List 3 ways, in addition to good communication, to reduce the risk of sexual assault.
2. List 3 things a victim or the friend of a victim can do, after an assault, to help with recovery.
3. Recognize the value of getting medical care after a sexual assault, reporting the crime, and seeking professional counseling.

MATERIALS NEEDED:

PHOTOCOPIES
One class set of ...
  Sexual Exploitation
    Reference Sheet 3
  Helping-a-friend
    Cards
One per student of ...
  Sexual Exploitation
    Resource List *

TIME NEEDED:
one class period

* If you live outside King County (WA) compile a ***local second page*** for the Sexual Exploitation Resource List (see activity 5) before photocopying. We have provided a master.

AGENDA:

1. Explain the lesson's purpose.
2. Use the first two pages of Sexual Exploitation Reference Sheet 3 to focus on self-protection and emotional response to assault.
3. Use Helping-a-friend Cards, role play, and focussed writing to dispel common myths and other destructive beliefs.
4. Finish the Reference Sheet and discuss reporting and recovery issues.
5. Hand out the Sexual Exploitation Resource List and have volunteers take turns reading it aloud.
6. Summarize the last few lessons and end with a message of faith in your students' ability to prevent/cope with all exploitation.

ACTIVITIES:

1. Explain the lesson's purpose:

   By the end of this lesson, you will all have some ideas about:

   >> how to prevent sexual exploitation (including sexual assault),

   >> what to do if you ever do get sexually assaulted, and

   >> how to help someone you care about if he or she gets sexually assaulted.

2. Hand out Sexual Exploitation Reference Sheet 3. Have volunteers read the first two sides of it aloud.

   At the end of the section entitled, "LOOK OUT FOR YOURSELF ...", ask the class:

   "Why do you think many teens take these kinds of risks?"

   Some of the reason is ignorance: they don't realize those behaviors are risky or they believe it won't happen to them. Another reason is that some people have a high need for risk in their lives. One important point to raise with students, therefore, is that not all risks are as dangerous as these. For example, people with a high need for risk may be able to meet their need by engaging in high-risk sports (football, mountain-climbing, etc.) or by doing emotionally risky things, such as trying out for the debate team or applying for a job. These risks carry less potential for regret than some of the risks addressed on the Reference Sheet.

   In the section entitled, "AFTER A SEXUAL ASSAULT...", item 1 addresses feelings. You may want to elaborate on the issue. Explain that feelings, by definition, cannot be wrong. They can be rooted in mistaken "*facts*" (myths), but any feelings a person may feel are OK to feel. No one can tell a victim how she or he *should* feel. Feelings are personal. It may be hard for the victim to verbalize them, especially if he is male. (Many males have been socialized *not* to discuss feelings, except perhaps anger.)

   At the end of that page, the Reference Sheet asks,

   "Suppose ***your*** *friend (or a family member) came to* ***you*** *after having been sexually assaulted? What could you say or do to help?*

   Begin with things you could **do**. If the class doesn't think of all of the following, you may want to add them:

   You (the student) could ...

   Listen ... if the person wants to talk about it ... but don't insist that she or he must talk.

Hold the person ... if he or she wants you to ... but understand that touch may feel very scary. (Try not to feel rejected if the person doesn't want touch or doesn't want certain kinds of touch.)

Make sure she or he knows that help is available, and that running away or using drugs (including alcohol) will not make the pain go away, except temporarily.

Offer to go with the person to see a counselor, advocate, doctor, or the police -- if she or he chooses. It's OK to encourage the person, gently, to get help, but don't tell the person what to do; it's up to her/him.

Protect the person's confidentiality (privacy) by letting her or him be the only one to decide who will be told.

Show patience. It can take months for a person to recover emotionally, or even longer. It isn't helpful to suggest that he or she, "just get on with life." However, counseling may help.

3. Now move to the issue of what you could **say** to help a friend. Here's how: Have everybody get out a sheet of notebook paper. Ask the class to imagine that you (the teacher) are a friend of theirs who has recently been a victim of sexual assault.

   Begin by asking for a volunteer who thinks he or she can help you ... you need someone to talk to. Starting with Helping-a-friend Card A, * read the victim's statement aloud as if you were speaking, in private, to your volunteer friend/helper. After he or she responds, thank him/her and ask everybody to write what **they** would say to you on their notebook paper, calling it Situation A. Allow them two minutes. Then read our suggested response (on the Card itself) aloud.

   Repeat the process with Helping-a-friend Card B, and so on. The steps for each Card are:

   a) You read the victim's statement aloud.
   b) A volunteer friend/helper responds to you.
   c) Everyone writes a response.
   d) You read our suggested response aloud.

   It may be helpful, with Card D, to mention that, in assaults on male victims, the amount of force used during the rape tends to rise with the age of the victim. Teen and adult male victims, therefore are often faced with a group of offenders or one offender armed with a weapon.

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* The Helping-a-friend Cards were adapted, with permission, from *About the Sexual Assault of Males: Something Nobody Talks About*, Rosemary Russell, Pierce County Rape Relief (Tacoma, WA), 1984.

With Card E, you might mention that a victim who **was** gay might be afraid to report for fear people wouldn't believe that it was rape ... specifically because of his sexual orientation. That's like the victim on Card C who figured nobody would believe it was rape if she or he had had sex (consenting sex) before. Just because you consented to eat roast beef once, doesn't mean you would always be hungry, or, if you were hungry, that you would always want roast beef. And just because you might fantasize about killing your little brother or sister doesn't mean you'd ever want to really do it. Feelings and behavior are two different things.

Conclude this activity by emphasizing that it helps to tell your friend it's OK to feel whatever he or she is feeling. It helps, too, if you can get your friend to rethink myths (like "It's my fault." or "Everyone will think I wanted to be raped.").

Make sure students understand that it is not helpful to your friend (family member etc.) to offer to confront or beat up the offender. It may be dangerous, it will not generate a confession, it may (if you get physical) get you in trouble with the law, and it will not undo what has happened!

4. Have volunteers read the rest of the Reference Sheet aloud, stopping to discuss each of the questions it raises.

5. Hand out the Sexual Exploitation Resource List. If there is time, this should also be read aloud ... or at least described.

   NOTE: If you live outside King County, Washington, you will have compiled your own *local* Sexual Exploitation Resource List ... for which we have provided a blank "master."

6. Summarize this and the last few lessons:

   Some sexual exploitation could be avoided if couples could just communicate better. Good communication involves two things: assertiveness and really listening to the other person.

   There are ways to reduce the likelihood of a sexual assault, in addition to good communication.

   There are no guarantees; sexual assault can happen even if you try your best to stay safe. When it does, it is not the victim's fault.

   After an assault, it may help to talk with someone you trust (a trained counselor, perhaps), to see a doctor, and to report it.

   End with a message of faith in your students' ability to prevent and/or cope with all exploitation.

Sexual Exploitation Reference Sheet 3

Using good communication skills ... being **ASSERTIVE** and **REALLY LISTENING** ... can often prevent sexual exploitation between friends and acquaintances. But you need to know how to *protect* yourself, too, when good communication isn't enough. We asked some teens who ***have*** been sexually assaulted what advice they had for you. They suggested these ideas:

LOOK OUT FOR YOURSELF ...

1. Get to know somebody for at least a couple of weeks before you give out personal information, such as your phone number.
2. When you first start going out with somebody, go with a group. Then, for a while longer, go to public places ... like malls, dances, skating rinks, etc.
3. Keep in mind that most rapes happen "under the influence" of alcohol or other drugs. Stay sober and straight and don't fool yourself into the *"just a little won't hurt"* game.
4. Find some other way to get places besides hitchhiking.
5. Make sure an adult will be around at parties.
6. Always have a way out ... your own car, bus money, enough money to call your parents or someone else in the family.

THEN, IF THINGS START TO GET SCARY ...

1. Pay attention to your feelings. If a situation starts to feel creepy, don't stick around to find out. Get out, if you can.
2. Remember to act assertive ... speak up, stand tall, look directly at the person, try to look as serious as you can. (Crying or begging only gives the rapist the reaction he or she wants. Studies show that turning your fear into anger may be more helpful.)
3. Some people have avoided a rape by talking in an aggressive (angry, powerful) way. You might say something like, ***"Hey, get your hands off me, you jerk!"*** In a sexual assault situation, being rude is OK, if that's what keeps you safe.

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Reference Sheet, continued ...

4. Look to other people for help, "Hey, John, Amy, give me a hand, will you?" ... "Mister, help me out!"

5. If other people are around, you may need to get outrageous to attract attention: yell "**Rape,**" break something, etc.

6. If you have learned any self-defense skills, you may decide to use them. (Some victims say they felt it was too risky to fight back, that getting violent might have cost them their lives. They chose to let the rape happen, in order to save their lives. Others have fought back and gotten away.) It has to be your own decision ... what **you** feel best about doing; nobody can tell you, ahead of time, what you should do.

AFTER A SEXUAL ASSAULT ...

1. You may be feeling scared, ashamed, out of control, depressed or numb, dirty, isolated (very alone) ... or a combination of these and other feelings.

2. You may find that you want to talk with someone about what happened ... talking about it can make you feel less alone. Can you talk to a close friend? Your folks? Someone else in your family?

***** Suppose **your** friend (or a family member) came to **you** after having been sexually assaulted? What could you say or do to help? *****

Reference Sheet, continued ...

MORE ABOUT WHAT TO DO AFTER AN ASSAULT...

3. Sometimes a friend or family member isn't too helpful; they may be so upset at your having been assaulted, that they can't listen to you. Sometimes, it helps to talk (in addition or instead) with someone who knows a lot about sexual assault ... a professional who can listen ***without*** getting too emotional. You'll be getting a Resource List with places to call.

4. You may decide to go to a doctor or an emergency room. We advise it. *(This is very important if you think you may decide to report the rape to the police ... the doctor can collect evidence. So if you think you may want to report, it's best not to bathe, shower, douche, wash or change your clothes until after you see a doctor. If a weapon was used or if you are a lot younger than the offender, the doctor will have to report to the police. Otherwise, reporting is up to you.)* The doctor can also make sure you are all right (no injuries, diseases, pregnancy). Your needs, of course, are the ***most*** important thing right now.

5. You may decide to report the crime to the police. We recommend it ... maybe you can protect yourself ***and other folks*** by reporting. Reporting may also give you back more of a sense of control over your life, whether or not anything happens to the offender ... but we know it can be hard and we think you should know what to expect and what your rights are.

***** Why do you suppose people ***don't*** always report sexual assaults ? *****

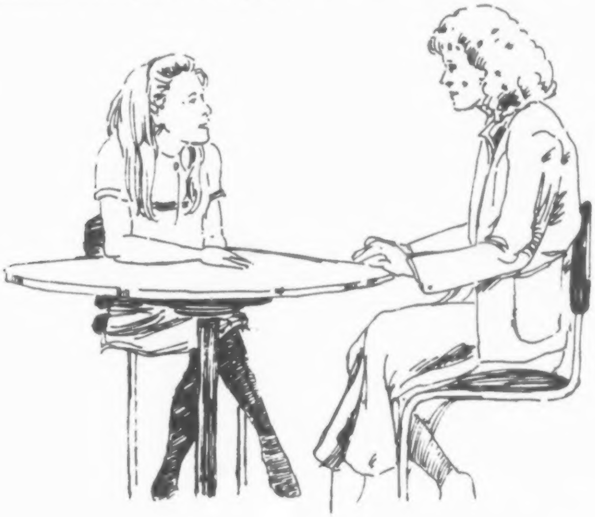
ABOUT REPORTING -- WHAT TO EXPECT AND WHAT YOUR RIGHTS ARE:

If you go to the doctor, you have a right to refuse any part of the exam. Do the best you can. People (doctor, police, lawyers) are going to ask you some very personal questions. It doesn't mean they are blaming you. (There are, of course, still some ignorant doctors, police and lawyers. Many, though, are sensitive folks who *have* to ask you tough questions; it's part of their jobs.)

Who pays for the doctor? The Public Health Department can probably test for sexually transmitted diseases and pregnancy at no cost. If the offender is convicted, there also may be state "victim assistance" money to help pay your medical costs ... perhaps even counseling.

Reference Sheet, continued ...

The law says you have a right to have a friend or an **advocate** with you when you see the doctor, the police and the lawyers. An **advocate** is a support person from a rape crisis program, such as Rape Relief or the Harborview Sexual Assault Center. *



Even if the prosecutor (the State's lawyer) decides there isn't enough evidence to have a "criminal trial," you can choose to sue the offender in what's called a "civil trial."

***** What do you think is the most important thing *****
to remember about preventing sexual assault ?

***** What do you think is the most important thing *****
to remember if you ever *do* get sexually assaulted?

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* This is the law in Washington State and some other states.

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Sexual Exploitation Resource List

TRY THESE BOOKS AND BOOKLETS:

Some of these may be available **free** at the Public Library. We've noted the call letters for some. Others may be available **free** in your high school library. We have also explained where else you can call or write for copies. Prices may have changed since this was printed.

"About the Sexual Assault of Males: Something Nobody Talks About"

"Incest: A Book for Survivors"

"Sexual Assault: If It's Happened to You"

These three are available for $2.00 each (including shipping), from Pierce County Rape Relief, Allenmore Medical Center, Suite A-302, 1901 S. Union, Tacoma 98405-1803

Top Secret: Sexual Assault Information for Teenagers Only
(362.7044 F29T)

So What's It To Me? Sexual Assault Information for Guys
(306.7088 ST86S)

These two can be ordered for $5.18 each (including shipping), from Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830

"You Can Be Hurt By Someone You Know"

Single copy ***free*** if you call King County Rape Relief:
(206) 226-5062

Acquaintance Rape: Awareness and Prevention for Teenagers

Macho: Is That What I Really Want?

These two are $5.32 each (including shipping) from Alternatives to Fear, 2811 E. Madison, Seattle, WA 98112

"Be Aware. Be Safe."

Especially for Southeast Asian teens, this can be ordered in Khmer, Lao, Vietnamese, Chinese or English languages for $1.25 (including shipping) from King County Rape Relief, 1025 S. 3rd, Suite C, Renton, WA 98055

*Resource List *, continued ...*

YOU MAY NEED HELP WITH:

A. protecting yourself
B. deciding if you need medical help and getting it
C. deciding whether to report to the police and doing it
D. getting through the next few days or weeks after a sexual assault
E. figuring out how to help a friend or family member through his or her recovery from a sexual assault
F. healing, emotionally, from an assault (feeling safe, lovable, clean, etc.)
G. understanding sexual exploitation

TRY THESE AGENCIES
(All these phone numbers are free in Seattle):

The letters in parentheses tell you which things (from the list above) each agency can help you most with.

Alternatives to Fear	(A,G)	328-5347
Child Protective Services	(A,B,C,E)	872-2665
Domestic Violence Hotline	(A,B,C,D,E,G)	1-800-562-6025
Harborview Sexual Assault Center	(A,B,C,D,E,F,G)	223-3047
King County Rape Relief	(A,B,C,D,E,F,G)	1-800-825-RAPE
Planned Parenthood Bookstore/Library	(D,E,F,G)	328-7715
Seattle Couns. Service for Sexual Minorities	(A,B,C,D,E,F,G)	329-8707
Seattle Rape Relief	(A,B,C,D,E,G)	632-RAPE
Sex Information Line	(D,E,F,G)	328-7711

* Model copy, for use in King County (WA).

*Resource List *, continued ...*

YOU MAY NEED HELP WITH:

A. protecting yourself
B. deciding if you need medical help and getting it
C. deciding whether to report to the police and doing it
D. getting through the next few days or weeks after a sexual assault
E. figuring out how to help a friend or family member through his or her recovery from a sexual assault
F. healing, emotionally, from an assault (feeling safe, lovable, clean, etc.)
G. understanding sexual exploitation

TRY THESE AGENCIES:

The letters in parentheses tell you which things (from the list above) each agency can help you most with.

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* Master copy, on which teachers outside King County (WA) can list their ***local*** resources.

Helping-A-Friend Cards

HELPING-A-FRIEND
CARD A:

SUPPOSE YOUR FRIEND (WHO HAD BEEN SEXUALLY ASSAULTED) SAID,

"If only I hadn't gone to that party. Or if I had just stayed with my friends. It's my own fault; I should never have accepted a ride with him."

WHAT COULD YOU SAY TO YOUR FRIEND ?

HOW ABOUT SAYING, "Sounds like you're really dumping on yourself. Don't blame yourself. Sure, it would be a good idea not to do those things in the future, but it's his fault he assaulted you, not yours. He committed a crime! Blaming yourself is like blaming somebody for getting robbed or murdered. You can try to stay safe, but there are no guarantees."

HELPING-A-FRIEND
CARD B:

SUPPOSE YOUR FRIEND (WHO HAD BEEN SEXUALLY ASSAULTED) SAID,

"Maybe it wasn't really rape. I didn't fight back; I was too scared. I don't have any cuts or bruises."

WHAT COULD YOU SAY TO YOUR FRIEND ?

HOW ABOUT SAYING, "Of course it was rape. Just because you didn't fight back it doesn't mean you consented. Lots of people are ***too scared*** to fight back, but giving in is not the same thing as consent ... consent means both people ***choose*** the touch. You don't have to have physical bruises for it to have been a crime. Your bruises are emotional."

HELPING-A-FRIEND
CARD C:

SUPPOSE YOUR FRIEND (WHO HAD BEEN SEXUALLY ASSAULTED) SAID,

"Everyone will think I wanted to be raped. I was wearing a sexy outfit. And they know I've had sex before, too."

WHAT COULD YOU SAY TO YOUR FRIEND ?

HOW ABOUT SAYING, "I suppose it shouldn't matter what *everyone* thinks ... but I know what you mean. I'll tell you what *I* think: I know you choose your clothes because they're in style, not to try to send some secret message. And just because you ***chose*** to have sex before, doesn't mean you chose it this time. That's like saying,'I've chosen to eat before, so I must have wanted it when some bully force-fed me brussels sprouts.'"

HELPING-A-FRIEND
CARD D:

SUPPOSE YOUR FRIEND (WHO HAD BEEN SEXUALLY ASSAULTED) SAID,

"I'm a guy. I'm supposed to be strong, y'know. Nobody will believe I couldn't get away from him!"

WHAT COULD YOU SAY TO YOUR FRIEND ?

HOW ABOUT SAYING, "I don't know what other people will think. But ***I believe you*** ... plenty of guys get raped, strong people who are conned or taken by surprise or whatever. And by the way, you're plenty strong, as far as I'm concerned. I respect the heck out of you for having the strength and courage to talk about it now. A lot of guys wouldn't."

HELPING-A-FRIEND
CARD E:

SUPPOSE A MALE FRIEND (WHO HAD BEEN SEXUALLY ASSAULTED) SAID,

"I can't report this. Everybody will think I'm gay!"

WHAT COULD YOU SAY TO YOUR FRIEND ?

HOW ABOUT SAYING, "I can't tell you whether to report it. You have to decide that for yourself. But I'll tell you this: Gay guys get raped and straight guys get raped. It has nothing to do with your sexual orientation. It doesn't ***mean*** you're gay ... and it isn't going to **make** you gay. The guy who assaulted you probably wasn't even gay; most men who sexually assault other men or boys are straight. They may even be married or live with a woman. They like ***consenting*** sex with females and they have a need to ***humiliate*** and ***overpower*** males."

HELPING-A-FRIEND
CARD F:

SUPPOSE YOUR FRIEND (WHO HAD BEEN SEXUALLY ASSAULTED) SAID,

"I can't tell anyone. The guy who raped me knows that I'd been drinking. If I tell on him, he'll tell on me. My parents will kill me."

WHAT COULD YOU SAY TO YOUR FRIEND ?

HOW ABOUT SAYING, "You sound real scared. I can't tell you what your parents will do; you know them better than I do. But are you sure you're giving them enough credit? If ***I*** were your parents, I'd want to hold you and tell you I loved you. I would be very sorry it happened and I wouldn't blame you for it. I would probably be angry about your drinking, too (I s'pose that made it easier for him to rape you) but I'd be a ***whole*** lot angrier at him than I would be at you. It's ***him*** I'd wanna kill. It's you I'd want to cry with. But, as I said, you'll have to decide for yourself whether it's safe to tell your parents."

Lesson Plan 13

Pregnancy Day 1: The Developing Baby

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Identify, with 75% accuracy, the definitions of fourteen pregnancy-related terms.
2. Explain that the foundations of all organs and body systems are laid in the first trimester (three months) of pregnancy.

MATERIALS NEEDED:
PHOTOCOPIES
One transparent set of ...
  Pregnancy Transparencies 1-7
One per student of ...
  Pregnancy Worksheet 1
  Pregnancy Reference Sheet 1
  Family Homework Exercise:
    Pregnancy
  Individual Homework Exercise:
    Pregnancy

OTHER VISUAL AIDS *

TIME NEEDED:
one class period

* Optional; numerous photos, posters and models are available (see activity 4).

AGENDA:

1. Explain the relevance and purpose of this and the next few lessons.
2. Use Transparencies 1-6 and mini-lecture to introduce the physiology of pregnancy.
3. Reinforce new vocabulary with Pregnancy Worksheet 1 and Transparency 7.
4. Hand out and read aloud Pregnancy Reference Sheet 1. Augment the Reference Sheet, if possible, with photos, posters and/or models.
5. Assign homework.

ACTIVITIES:

1. Begin with a transition from the social and emotional issues of lessons 5 through 12, to the primarily physical issues of today's lesson:

   Let's review, briefly, where we've been and where we're going. We began a couple of weeks ago by studying the reproductive system. We talked about puberty and adolescence, the physical changes that people experience and the emotional and social changes. While we were focusing on emotional and social issues, we spent about a week on sexual exploitation.

   Today, we're changing gears ... returning to some physical aspects of human sexuality. For the next three days we'll be studying pregnancy. Today's lesson looks at the developing baby, from fertilization to birth. By the end of the period, most of you will know some new terminology and you'll be able to explain the order in which the various parts develop. Tomorrow we'll examine pregnancy from the woman's point of view ... looking at what she can expect. The next day, we'll sort of combine the two, talking about how the parents (mother ***and*** *father) can improve the chances the baby will be born healthy.*

2. Use Pregnancy Transparencies 1-6 to explain, briefly, the physiology of pregnancy. These notes will help:

   Transparency 1: Spermatazoon and Ovum

   The ovum, or egg cell, is the largest cell of the human body, about the size of a grain of sand ... visible but only barely. The sperm is much smaller. It resembles a tadpole. Its head is about 1/10 as long as the whole sperm cell; about three whole sperm cells could span the diameter of the egg. The volume of the egg, however, is about 85,000 times the volume of a sperm.

   The human body is made of billions of cells. The ***nucleus*** of each contains 23 pairs of ***chromosomes*** (46 separate ones). Each of those chromosomes is a chain of genes; altogether, they contain between 50,000 and 100,000 genes. Unlike other human cells, ova and sperm contain 23 individual chromosomes each, rather than 23 pairs.

   Transparency 2: Fertilization

   Usually, during sexual intercourse, hundreds of thousands of sperm are catapulted towards the cervix. Traveling more or less randomly, many eventually die. Some, however, quickly enter the uterus, with assistance from the cervical mucus, and travel toward the fallopian tubes. If there is an ovum there (or if one is released within a few days) many sperm will try to penetrate its outer layers. One may finally enter the ovum's nucleus, forming a fertilized egg, or ***zygote***. ***Fertilization*** is complete.

The new zygote contains a unique combination of genes: the blueprint for a new individual. Appearance, health and even aspects of personality are determined by that genetic blueprint.

Transparency 3: Sex Determination

Of each parent's 23 pairs of chromosomes, one pair are the sex chromosomes. The mother's sex chromosomes are always a pair of X's ... so when they part, to form 23 single chromosomes, each egg receives an X. Men's sex chromosomes, on the other hand, are always a pair consisting of one X and one Y. So when the father's chromosomes part to form spermatazoa, half the sperm receive an X and half receive a Y. Thus, an X egg fertilized by an X sperm makes an XX baby: a girl. An X egg (all eggs are X's, remember) fertilized by a Y sperm makes an XY baby: a boy.

Transparency 4: The First Few Days

Within 12 hours the zygote begins to divide. It begins forming a cluster, resembling a mulberry; this solid mass of cells is called a ***morula***. In the meantime, it has been traveling down the tube. By the fourth or fifth day, it enters the uterus. It has become a 500-cell sphere ... no longer a solid mass of cells. This hollow, fluid-filled mass is called a ***blastocyst***. On the eighth day, the blastocyst burrows into the rich endometrium, the lining of the uterus. This nesting process is called ***implantation***. Now ***conception*** is complete.

Transparency 5: Cells Specialize

The cells of the blasocyst begin to specialize. Some become the developing baby, itself ... now called an ***embryo***. Others become a transparent, fluid-filled membrane called the ***amniotic sac***, surrounded by a second, thicker membrane called the ***chorionic sac***. This chorionic sac provides a temporary link to the uterine lining and it produces a hormone that lets the woman's body know she is pregnant. Some of the cells of the chorionic sac will gradually develop into a ***placenta***, a fascinating organ that extracts nourishment and oxygen from the mother's bloodstream, in exchange for waste products from the embryo's bloodstream ... without actually mixing the two. (It also makes many hormones to help the embryo/fetus grow and changes the mother's body to support the pregnancy.) Still other cells will form an ***umbilical cord*** to link the embryo with the placenta.

After 8 weeks, the embryo's name changes. It is now a ***fetus***. After approximately 39 weeks (counting from fertilization), or about 9 months' ***gestation***, a full-term baby will be delivered ... followed shortly by the placenta (which explains why it's sometimes called the *afterbirth*).

This ***pre-natal*** (literally "before birth") time varies considerably, with 75% of women delivering after 37-41 weeks gestation. With expert premature-infant care, two out of three babies born in the twenty-seventh week survive. Babies born after seven months' (30 weeks) gestation have a better than 85% chance of surviving; after eight months' (34+ weeks) gestation, they have a 97% chance ... in industrialized countries like the United States.

In case anyone asks: abortions are usually done by the twelfth week of pregnancy. They are available, in Washington State, up to twenty weeks' gestation.

Transparency 6: Multiple Births

Sometimes a single zygote, as it is dividing in the first week or so of development, separates into more than one blastocyst. These developing babies have identical genetic material; they'll be identical twins (triplets, etc.) They usually have separate amniotic sacs, but they will share a common chorionic sac and placenta.

Other times -- this is more common -- two or more ova will be released at about the same time. Each will be fertilized by a different sperm, forming unique zygotes, each with unique genes: fraternal twins (triplets, etc.). They will have separate amniotic sacs and usually, though not always, separate chorions and placentas. On rare occasion, triplets will be a combination ... two identical siblings and a fraternal one.

Approximate incidence of multiple births: twins, 1 in 90 births; triplets, 1 in 8,000; quadruplets, 1 in 500,000.

3. Reinforce all this new vocabulary, handing out Pregnancy Worksheet 1. Put Transparency 7 on the overhead. Have students take turns reading aloud from the Worksheet, filling in the answers, from the terms on the Transparency, as they read. As each term is identified, everyone should fill it in; spelling counts.

   The answers are: (1) fertilization, (2) zygote, (3) morula (*Latin for "mulberry"*), (4) blastocyst, (5) implantation, (6) conception, (7) embryo, (8) amniotic, (9) chorionic, (10) umbilical cord, (11) placenta, (12) fetus, (13) pre-natal, (14) gestation.

4. Hand out Pregnancy Reference Sheet 1 and have volunteers take turns reading it aloud.

   Just a note about our choice of language. Remember that it is inappropriate for a public school teacher to express a particular belief about a controversial issue. With this in mind, we have used the term "developing baby" instead of "pre-born child" (the preferred term of many in the pro-life movement) or "potential child" (the preferred term of many in the pro-choice movement). We have moved, then, to the medically specific terms: zygote, morula, blastocyst, embryo and fetus ... and avoided the use of pronouns. "It" would have implied that the referent was inanimate, while "he" or "she" would have conferred personhood that some families would take offense at.

If you have fetal models, posters and/or photos, pass them around as the Reference Sheet is read.

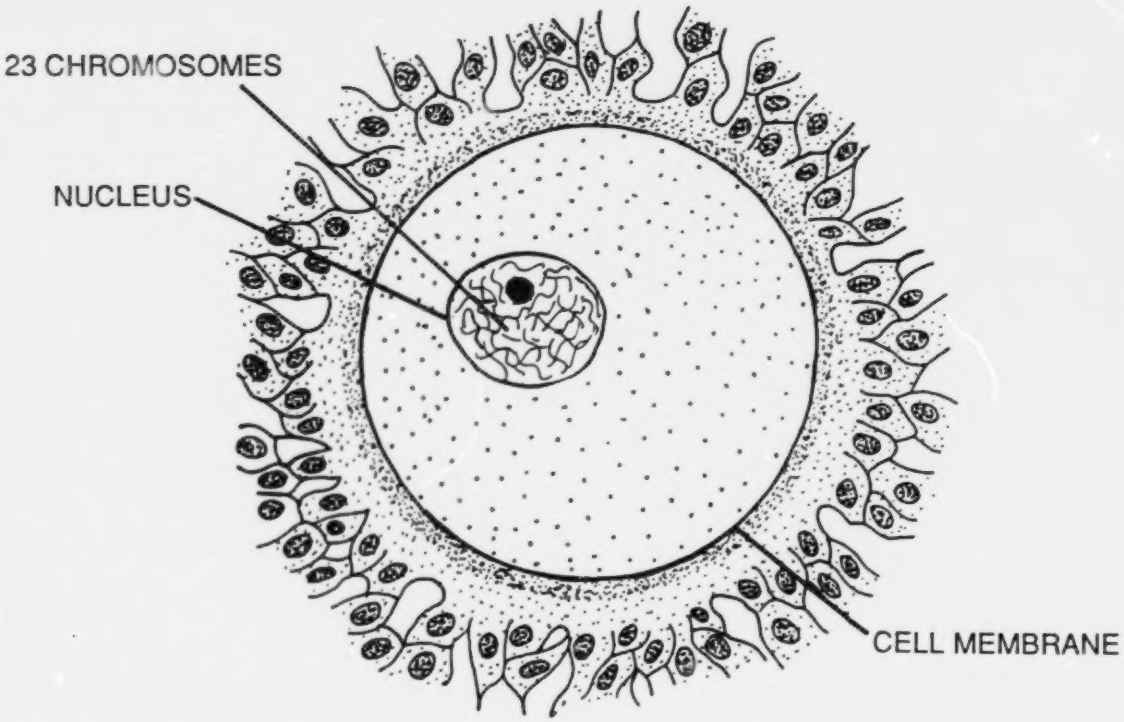
A poster with drawings of the stages of development, entitled "*Fetal Development Timeline,*" can be obtained from your local March of Dimes.

We also recommend a book of fascinating in utero photographs originally published in *Life* magazine, entitled "*A Child Is Born,*" (Lennart Nilsson, Dell Press). Many bookstores carry it.

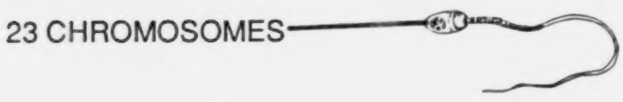
Fetal models are available from a number of sources. The least expensive we know of (approximately $325.) is from Gaumard Scientific Company, P.O. Box 140098, Coral Gables, FL 33114-0098. (305) 666-8548.

5. Assign homework.

Pregnancy Transparency 1: Spermatazoon & Ovum

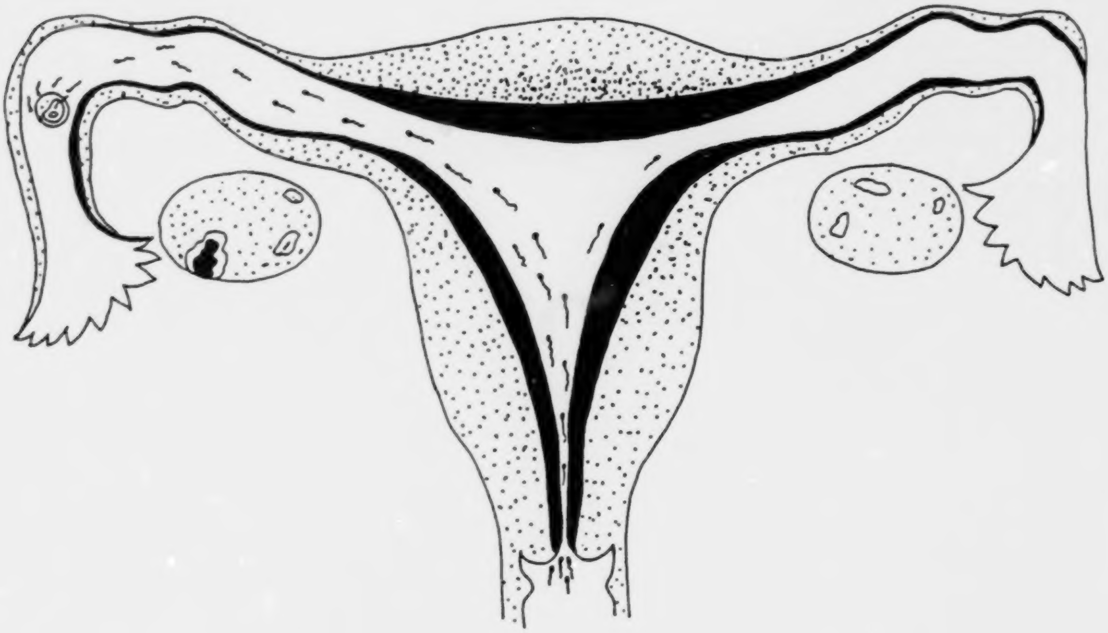

23 CHROMOSOMES
NUCLEUS
CELL MEMBRANE

EGG


23 CHROMOSOMES

SPERM

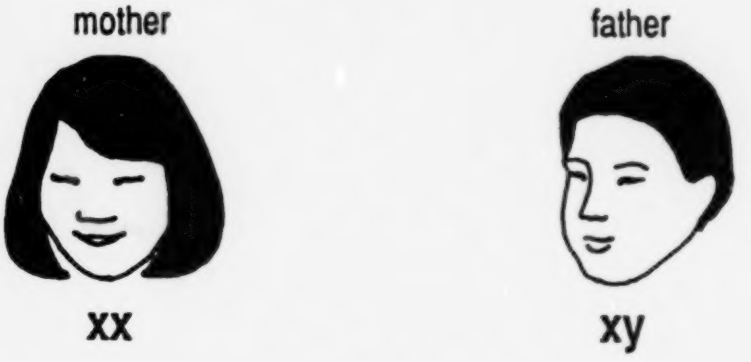
Pregnancy Transparency 2: Fertilization

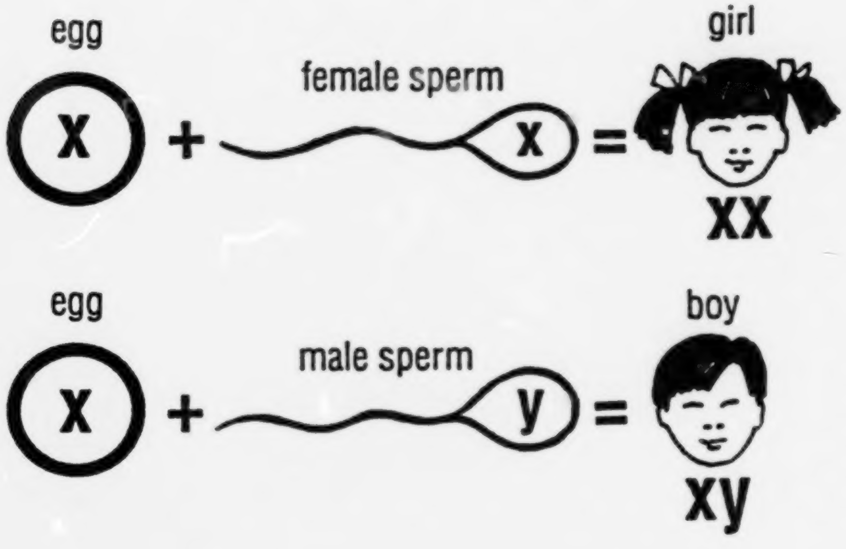


OVUM AND SPERM MEET

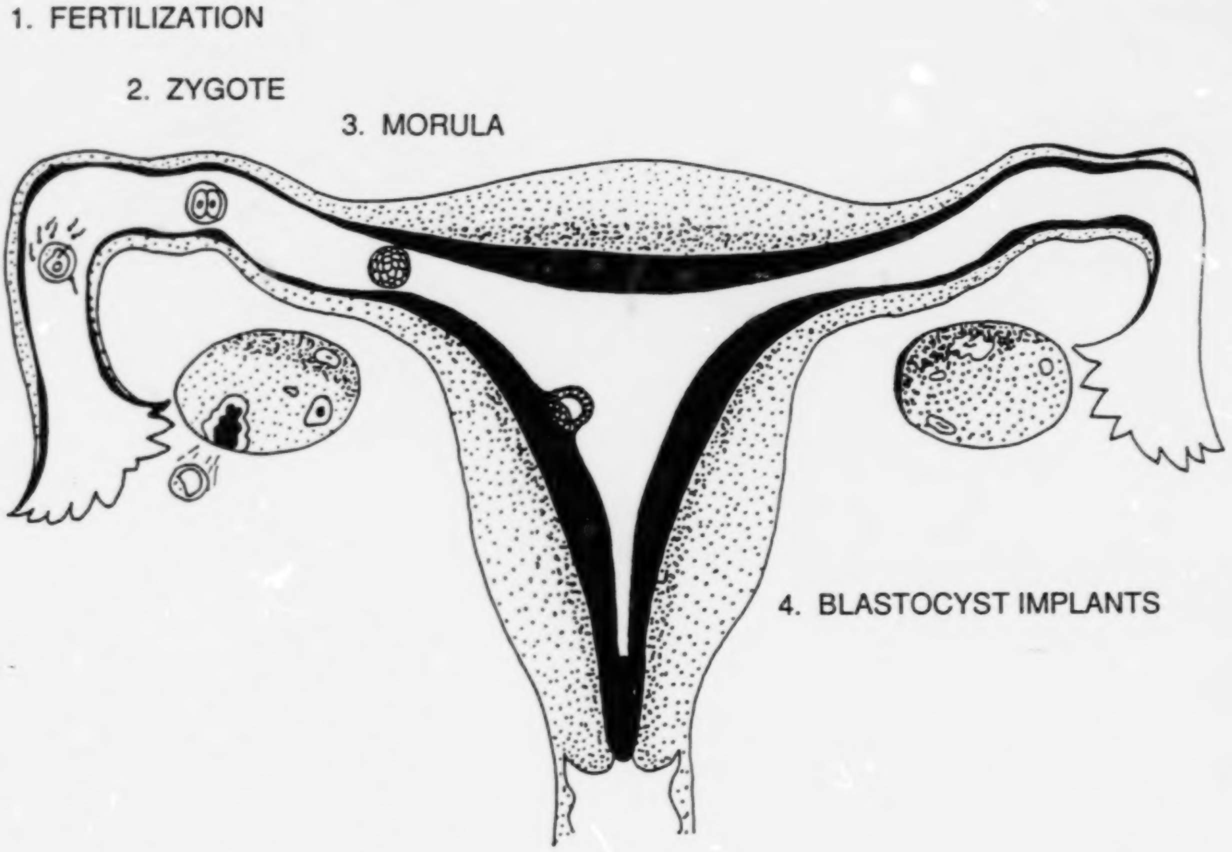
SPERM AND EGG MAGNIFIED

Pregnancy Transparency 3: Sex Determination

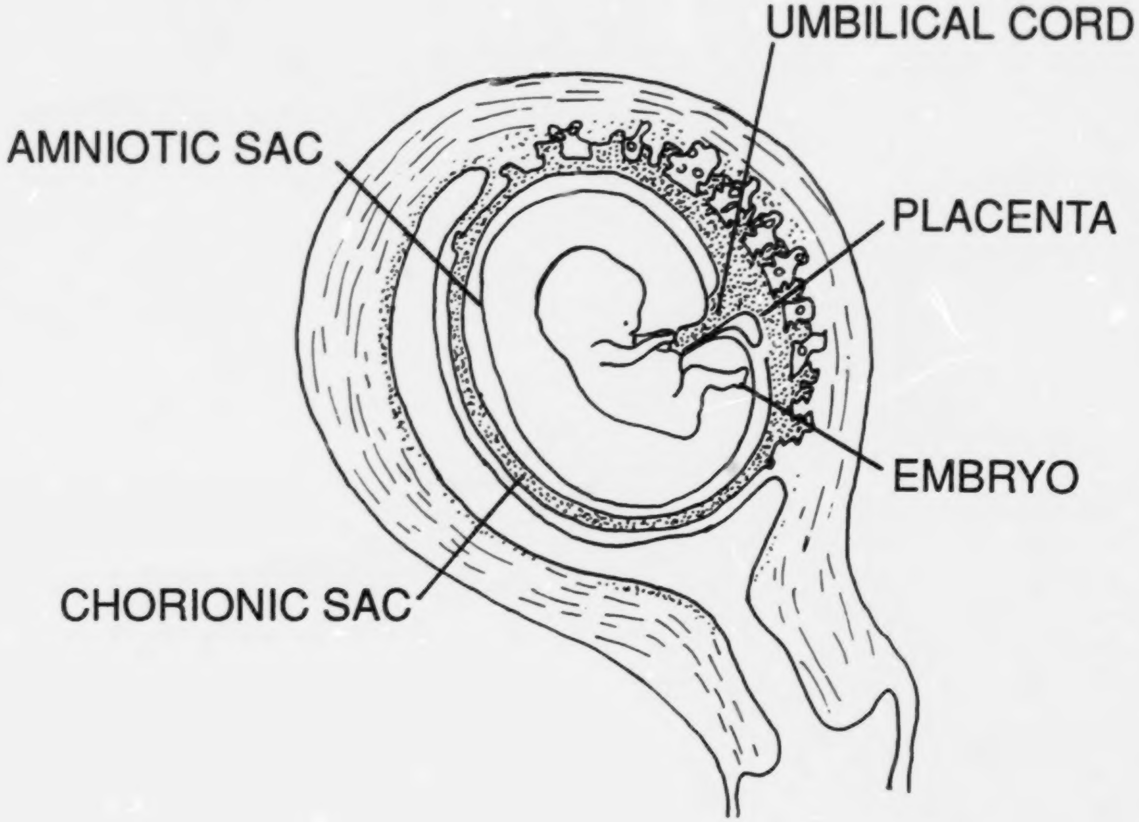

mother
father
xx
xy


egg
female sperm
girl
X
+
x
=
XX
egg
male sperm
boy
X
+
y
=
xy

Pregnancy Transparency 4: The First Few Days


1. FERTILIZATION
2. ZYGOTE
3. MORULA
4. BLASTOCYST IMPLANTS

Pregnancy Transparency 5: Cells Specialize


UMBILICAL CORD
AMNIOTIC SAC
PLACENTA
EMBRYO
CHORIONIC SAC

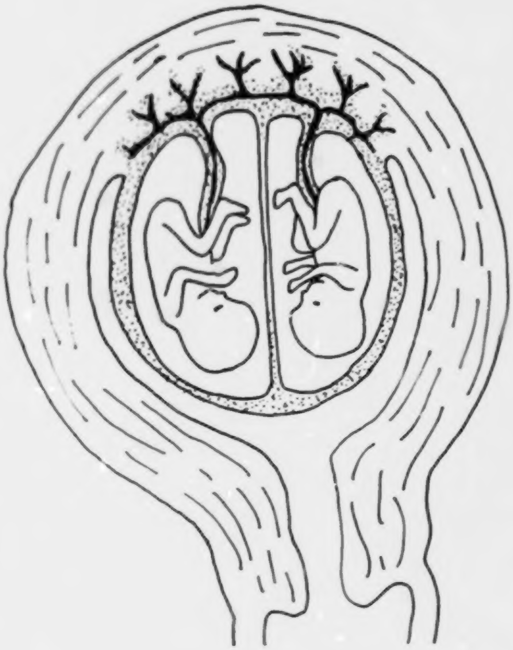
Pregnancy Transparency 6: Multiple Births

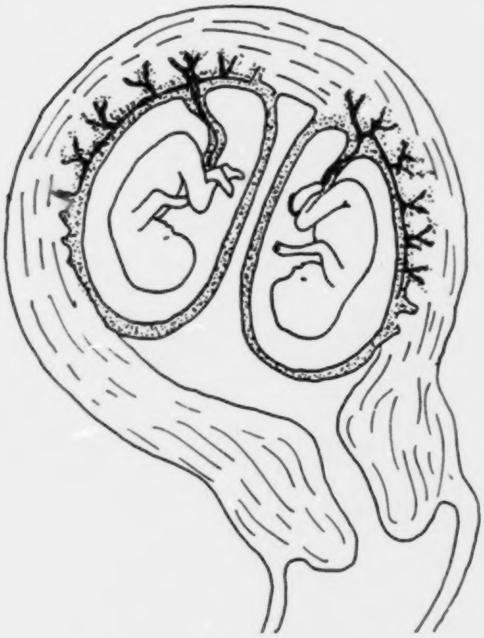
IDENTICAL TWINS

ONE PLACENTA

TWO AMNIOTIC SACS

ONE CHORIONIC SAC





TWO PLACENTAS

TWO AMNIOTIC SACS

TWO CHORIONIC SACS

FRATERNAL TWINS

Pregnancy Transparency 7: Vocabulary

VOCABULARY

AMNIOTIC

BLASTOCYST

CHORIONIC

CONCEPTION

EMBRYO

FERTILIZATION

FETUS

GESTATION

IMPLANTATION

MORULA

PLACENTA

PRENATAL

UMBILICAL CORD

ZYGOTE

Pregnancy Worksheet 1: The Beginning

NAME ______________________________ PERIOD ________

DIRECTIONS: *Below is a brief description of pregnancy. Fill in the fourteen terms from the Transparency, where they belong.*

Pregnancy usually begins within hours of sexual intercourse (or, at most, a few days). It all starts in a fallopian tube, where the sperm and egg meet. The sperm cell burrows through the outer layers of the egg and finally penetrates the egg's nucleus. This process is called ____________________ (1). * The developing baby in its earliest hours hours is called a "fertilized egg" or ____________________ (2). *

About twelve hours into its development, this ____________________ (2) begins to divide. It forms a solid clump of cells which looks something like a mulberry. It is now called a ____________________ (3) .* On about the third day, this solid clump, still the same size, changes into a hollow ball of cells. Some of these cells will develop into a baby; others will become its support system. We call this fluid-filled ball of cells a ____________________ (4) . *

The ____________________ (4) passes into the uterus on day four or five and begins to increase in size. After floating around for three or four **more** days, it nests in the uterus. This nesting process, on day eight of development, is called ____________________ (5). * Now ____________________ (6) is complete. Less than half of all fertilized eggs survive to this point of development. *

Worksheet, continued ...

Once it is solidly imbedded in the uterus, the ball of cells begins
to form into separate parts: the developing baby (now called an
__________________________); * the inner, or __________________________
(7) (8)
sac (which is filled with fluid); * and the outer, or
______________________________ sac; * the tube which will carry
(9)
oxygen, nourishment and waste (called an ______________________________
(10)
__________________________________ ; * and the organ connected *to* that
(10)
tube (called the ______________________________). *
(11)

The ____________________________ grows quickly, laying the
(7)
foundation for many body systems, until, at about the eighth week, we
begin to call it a ____________________________ . *
(12)

Each animal takes a different length of time to develop. In human
beings, the entire length of "pre-birth" (or ______________________)
(13)
development is 39 weeks *... that's about nine months of growing time
(or ___________________________) to go from a one-celled
(14)
__________________________, smaller than the period at the end of
(2)
this sentence, to a newborn baby averaging almost 7-1/2 pounds. *

* When reading this Worksheet aloud, stop at the asterisk and give the next reader a turn.

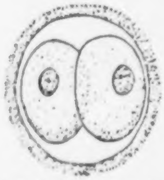
Pregnancy Reference Sheet 1

PART I: THE FIRST TRIMESTER

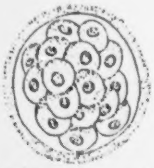
NOTE: ***Doctors*** often count the weeks of pregnancy starting about 2 weeks ***before*** fertilization ... when the woman has her last normal mentrual period. ***We're*** counting, below, from the moment of fertilization.

WEEKS 1 AND 2

Twelve hours after it is fertilized, the zygote divides into two cells ... both exactly alike. As it goes on dividing, it becomes a solid clump of cells, or morula.



2-CELL STAGE "ZYGOTE"



CLUMP OF CELLS "MORULA"

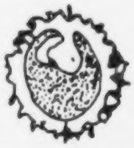
The number of cells is doubling about every twelve hours, but the total size of the clump stays about the same. It becomes a hollow ball, or blastocyst.

By the beginning of the second week, the blastocyst has reached the uterus. Now it begins to grow, not just in number of cells, but in size, doubling daily. By the ***end*** of the second week, it has implanted and is called an embryo.

HOLLOW BALL OF CELLS "BLASTOCYST"

WEEKS 3 AND 4

By the end of the third week of gestation, the embryo's backbone is forming ... the plans for a brain and spinal cord have been laid ... a primitive heart is starting to beat.



1/4 INCH "EMBRYO"
ACTUAL SIZE

1/2 INCH
ACTUAL SIZE

By the end of week four, the embryo's tail shows. We can see the buds that will grow into arms and legs. Dents beneath the skin show where eyes and ears will be. Growth has slowed a bit; it took a whole week to double in size !

Reference Sheet, continued ...

WEEKS 5 AND 6

By the end of week five, the chest and abdomen are formed. Eyes can be seen through clear eyelids. The embryo's tail has almost disappeared. The lungs are starting to form.

5/8 INCH
ACTUAL SIZE

3/4 INCH
ACTUAL SIZE

By the end of the sixth week, teeth are forming. Buds that will become fingers and toes are showing. In males, the bud of a a penis appears.

WEEKS 7 AND 8

When week seven ends, the bones, muscles, and cartilage have started to form. Brain continues to form. Internal organs can be seen through the clear skin.

EMBRYO WEIGHS LESS THAN AN ASPIRIN TABLET

OVER 1 INCH
ACTUAL SIZE

By the end of eight weeks, or about two months, the embryo's face is formed ... the eyes, which were on the sides of the head have moved to the front. Arms, legs, hands and feet are partly formed. Clitoris appears in girls.

Reference Sheet, continued ...

THE THIRD MONTH
(WEEKS 9 - 13)

By the beginning of this month, the developing baby is called a fetus. Fingernails appear. The head is very large, almost half as big as the whole fetus. By the ***end*** of the month, the fetus' arms and legs can move and the face can smile and frown, though not on purpose ... the brain is not mature enough for the fetus to think.

3 INCH "FETUS"

PART II: THE SECOND TRIMESTER

THE FOURTH MONTH
(WEEKS 14 - 17)

6 - 8 INCHES

The fetus' skin is less transparent; it's getting more color. Soft hair covers the whole fetus. Eyebrows and eyelashes appear. All the organs are formed, though not all are working fully yet. The fetus swallows amniotic fluid and urinates.

THE FIFTH AND SIXTH MONTHS
(WEEKS 18 - 26)

Hair appears on the fetus' head. Fat is beginning to grow under the wrinkled skin, but the fetus is still very thin. The skin is coated with a sticky protective coating. The eyes are open and the fetus has a strong grip. By the end of the sixth month, the center of the brain which controls breathing begins to develop.

END OF 6 TH MONTH: 14 INCHES

PART III: THE THIRD TRIMESTER

THE SEVENTH, EIGHTH, AND NINTH MONTHS
(WEEKS 27 - 40)

END OF 8 TH MONTH: 18 INCHES

Between weeks 28 and 32, the center of the brain which controls thinking and sensation (pain, etc.) begins to mature; this part of the brain won't fully function until after birth. Also during the last trimester, the fetus has periods of waking and sleeping, responds to sound and light. Most of the change in these last three months is in added body weight and maturing of the body systems. At birth, the baby's weight will be, on average, 7 pounds, 6 ounces. Her length will be, on average, 20 inches.

Family Homework Exercise: Pregnancy

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

DIRECTIONS: There are many myths and rumors about pregnancy. Have you ever discussed them? Below is a quiz; try taking it together.

T or F ?

___ (1) If a woman is overweight and becomes pregnant, she should go on a diet.

___ (2) It's possible that a couple will start a pregnancy the very first time they have sex.

___ (3) You can't get pregnant if you have intercourse standing up.

___ (4) If you have intercourse during pregnancy, the baby will be born with a mark on his or her skin.

___ (5) Getting drunk, even once during pregnancy, can cause birth defects.

___ (6) If you crave clay, starch or dirt during pregnancy, your body must need them.

___ (7) It is dangerous to swim when you're pregnant.

___ (8) Stretch marks on the abdomen can be prevented with massage.

___ (9) Boys "run" in some families (and girls in others). So if your family has mostly boys, you probably will, also.

___(10) Babies born to teens are more likely to have birth defects than those whose mothers are in their twenties.

___(11) Low-birth weight babies (five and a half pounds, or less) are healthier than big babies.

___(12) The father's use of alcohol and other drugs ***before*** a pregnancy may have an effect on the health of the baby.

___(13) A woman can get pregnant whether she enjoys the sex or not; even a rape can lead to pregnancy.

___(14) If a couple has had intercourse ten or more times and has not gotten pregnant, the woman is probably not able to have children.

___(15) If a woman is retaining too much water during pregnancy, the doctor will probably give her water pills (diuretics).

________ = OUR SCORE

Homework, continued ...

MORE DIRECTIONS: Now read and discuss the answers.

(1) **False** ... Weight gain is a natural part of pregnancy. A doctor or midwife will advise the woman how ***much*** she ought to gain (usually 20 to 35 pounds). Pregnant teens, especially, can damage their own health, as well as the baby's, by trying to diet during pregnancy.

(2) **True** ... It simply depends upon whether there happens to be a mature egg present, and on chance. A pregnancy might happen the first time a couple has intercourse, or the seventh or nineteenth or ***any*** time.

(3) **False** ... Pregnancy can start no matter what position a couple is in.

(4) **False** ... Birth marks just happen; there is no reason we know of for the extra pigment in the skin.

(5) **True** ... An occasional drink from time to time during pregnancy won't do any harm, but we simply do not know how much is safe. There is evidence that even one binge, especially in the first three months of pregnancy (even on beer or wine, which some people think are "safer") can harm the baby's brain cells or lead to other birth defects. Since we don't know how much is dangerous, it's better not to risk it. The same goes for ***all*** drugs, including medicines, when you're pregnant ... even aspirin should be discussed with a doctor.

(6) **False** ... Usually, craving these "foods" goes along with iron deficiency, but eating them doesn't help. It can even lead to malnutrition. A woman with these cravings needs to talk it over with a doctor or midwife at her next pre-natal visit.

(7) **False** ... Unless a doctor specifically tells a woman not to, she should get regular exercise while she is pregnant. Swimming and bathing are safe throughout most of the pregnancy. The only time to avoid them is if she is bleeding or her "water has broken," usually the day she will give birth.

(8) **False** ... Stretch marks happen because of pressure from the uterus and hormone changes. They may appear no matter how little weight a woman gains and regardless of massage or fade creams. They cannot be avoided. Massage certainly won't hurt, but it doesn't prevent stretch marks.

Homework, continued ...

(9) **False** ... This is a popular myth, but many studies have shown that sex is not inherited. Your chances of having one sex or the other are neither affected by others in your family nor by how many children of one sex you already have.

(10) **True** ... They are also more likely to be born too early in pregnancy (*premature*) or too small (*low-birth weight*). This is because teens are less likely than adult women to eat a balanced diet; more likely to use alcohol, cigarettes, and other drugs; and less likely to get pre-natal care.

(11) **False** .. People used to think it was safer and easier to have a smaller baby. They would diet to try to keep their babies small. The truth is, a baby's weight is affected by many factors: genes/race (a Japanese baby is likely to be smaller than a Swedish baby), sex (boys tend to be a little bigger than girls), and nutrition. A very-small (*low-birth weight*) baby **may** be healthy, but it is more ***likely*** than a bigger baby to have problems and to get sick a lot. As we said in question (1) it is ***not*** a good idea to try to lose weight during pregnancy.

(12) **True** ... There is not as much evidence of this as there is for the woman, but studies suggest that the father can damage his sperm in the two or three months before starting a pregnancy ... perhaps affecting the baby's health.

(13) **True** ... She does not need to enjoy sex or have an orgasm to start a pregnancy. Sadly, even rape and child sexual abuse can lead to pregnancy.

(14) **False** .. Some people think they can't start a pregnancy if they have had sex for a while and not started one so far. It has probably just been a matter of chance. It's ***possible*** one of them (man or woman) is *infertile*, but some couples just need to keep trying. Doctors don't usually suggest testing the couple until they have tried for a year or more.

(15) **False** .. They used to do this. Now we know that water retention is usually due to high blood pressure (*hypertension*). Water pills make the ***symptoms*** go away, without treating the problem. Instead, the woman needs good pre-natal care; the doctor or midwife will probably suggest a balanced diet with plenty of protein and careful monitoring of blood pressure.

Homework, continued ...

MORE DIRECTIONS:

(1) Add up the total number you got correct.

(2) Write that number at the bottom of the first page.

(3) Turn the page to find out what your score means.

SO, HOW DID YOU DO?

A score of 13-15 means you're both very well informed. Maybe you've had a pregnancy in your family recently or one of you works with pregnant women.

A score of 9-12 means you're fairly well-informed. Perhaps it's been a few years since the last pregnancy in your family. Good thing you did this exercise!

A score below 9 means you aren't as well informed. Maybe it's been a lo-o-o-ong time since any one in your family had a baby. But don't worry ... ***that just means this class is important!***

So is early pre-natal care. A woman should see a doctor as ***soon*** as she thinks she might be pregnant ... or better yet: a ***couple*** should see a doctor when they are ***thinking*** about having a baby!

And, by the way, whatever your score was: ***congratulations***. Congratulations for taking this class seriously and for caring enough about each other to do this kind of homework.

FOR FULL CREDIT, THIS EXERCISE IS DUE: ___________
IF YOU WANT CREDIT, SIMPLY TURN IN THE SLIP, BELOW.

FAMILY HOMEWORK CONFIRMATION SLIP

We have completed "Family Homework Exercise: Pregnancy".

Date: ______________________

student's signature: ______________________

adult's signature: ______________________

Individual Homework Exercise: Pregnancy

DIRECTIONS: Make up a crossword puzzle, using the following terms:

- AMNIOTIC
- BLASTOCYST
- CHORIONIC
- CONCEPTION
- EMBRYO
- FERTILIZATION
- FETUS
- GESTATION
- IMPLANTATION
- MORULA
- PLACENTA
- PRENATAL
- UMBILICAL
- ZYGOTE

HERE'S HOW:

(1) Use the grid below to fill in your answers. It will become your answer key.
(2) Darken the un-used spaces, below.
(3) Number the words, starting in the upper left, regardless of whether they go across or down.
(4) Copy the darkened spaces and numbers onto the grid on the next page.
(5) Use a separate sheet of paper to write your clues, starting with the ACROSS words. Use ***your own words*** in the clues, and imagine that a classmate will try to solve your puzzle.

Homework, continued ...

______________________________'S PREGNANCY PUZZLE
your name

FOR FULL CREDIT, THIS EXERCISE IS DUE: __________

Lesson Plan 14

Pregnancy

Day 2:

The Experience

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. List at least four common symptoms of early pregnancy and recognize that not every pregnant woman will experience them.
2. Cite three reasons early pregnancy testing is important.
3. Identify at least three physical changes pregnant women commonly experience.
4. Identify at least three emotional or social changes men ***and*** women commonly experience during pregnancy.

MATERIALS NEEDED:

PHOTOCOPIES
Up to ten per class period of ...
   Pregnancy Worksheet 2
Three per class period of ...
   Baby Expert Award

VISUAL AIDS *

* Optional: small clean jar with a lid, a speculum, and a latex glove (see activity 3).

TIME NEEDED:
one class period

AGENDA:

1. Explain the lesson's purpose.
2. Use Pregnancy Worksheet 2, in small groups, to introduce the changes of pregnancy and to dispel misconceptions. **

** Pun respectfully intended.

3. Discuss the Worksheet. Explain pregnancy testing: its importance, how it is done and how it is accessed.
4. Answer students' questions (written and oral) about pregnancy.
5. Tally scores and present Awards.

ACTIVITIES:

1. Explain the lesson's purpose, providing a transition from yesterday's lesson (13):

   Yesterday we examined pregnancy in terms of what happens to the fertilized egg (the developing baby) in the course of nine months.

   *Today, we'll look at pregnancy in terms of what happens to the developing **parents** in those same nine months. Some of you already know a lot about pregnancy, because you or someone you love has been pregnant in the last few years ... or because you've had classes like this one before. Others may not know as much, right now. By end of the period, today, you'll **all** know:*

   > the common early symptoms of pregnancy,
   > the physical changes a woman is likely to experience over the nine months,
   > the emotional and social changes both parents may experience,
   > and when and how pregnancy tests are done.

2. Begin by eliciting students' current knowledge about the experience of pregnancy and uncover any myths they may believe. We suggest using Pregnancy Worksheet 2, in small groups, to accomplish this:

   Have the class divide into groups of exactly three students. (That is important, so everybody will have an equal shot at bonus points and an award. If the number of people is not evenly divisible by three, have one or two 2-person groups, but no groups larger than three. Give each group one copy of the Worksheet.

   Have everybody sign the top of the Worksheet. Then explain:

   *I will give you ten minutes to write down **everything you know** in response to the questions on the Worksheet. Here's how: I want you to pass the Worksheet from person to person, with each person adding one fact he or she knows (or thinks) is true, initialing his or her contribution. When a person can't think of any more answers, it's OK to pass the Worksheet on to the next person ... but the three people in the whole class who contribute the most **true** facts about pregnancy will get an award and bonus points.*

   Discuss any knowledge gaps. Discuss the ***reasons*** and ***treatments*** for the changes. The point is to help with early pregnancy detection, to defuse dangerous myths and misconceptions, to de-romanticize pregnancy and to promote appreciation and support for friends and partners experiencing pregnancy. These notes will help:

(A) EARLY SYMPTOMS OF PREGNANCY

Failure to menstruate is usually the earliest symptom. But it should be emphasized that (1) not every woman stops menstruating completely at the very beginning of pregnancy, and (2) periods can be late, or "missed" for quite a number of reasons of which pregnancy is only one.

Breast changes occur with pregnancy. The same sort of fullness and aching many women experience premenstrually, continues and gets more pronounced during pregnancy. The areolas (the dark area around the nipples) may get darker. The nipples may tingle.

Nausea and, perhaps, ***vomiting*** may occur in early pregnancy. We call this "morning sickness" because it often, though not always, happens in the morning. Eating small, frequent meals (instead of three big meals) may help control morning sickness. Drinking plenty of fluids between meals may help, too.

Tiredness is common throughout pregnancy, but especially in the first trimester.

Increased vaginal fluid can be noticeable (only if it is thick, smells odd, or burns or itches is it likely to signal a problem).

Frequent urination is a common early sign. It often disappears after two or three months and then recurs in late pregnancy.

NOTE: None of these symptoms is ***proof*** of pregnancy. They are simply signs that a woman, if she has had intercourse (or sexual touch with ejaculation on the labia) ***might*** be pregnant. One or more signs mean that she should get a pregnancy test.

(B) OTHER PHYSICAL CHANGES OF PREGNANCY

Hunger is to be expected. The woman is trying to meet nutritional needs greater than (though certainly not double) her usual needs. Specifically, she needs 150 more calories per day in the first trimester and 350 more in the second and third trimesters than she did before becoming pregnant. The effects of under-nutrition on the baby's birth weight are greatest (as are most pre-natal influences) in the first trimester. Besides simply increasing her caloric intake, a pregnant woman needs 30 extra grams of high-quality protein per day (2 eggs, for example, or 4 ounces of meat). She needs more iron, folic acid, B vitamins and calcium ... especially if she is a teen and has not finished growing herself. Whether she feels unusually hungry or not, it is crucial that a woman ***not*** try to lose weight during pregnancy. In fact, it's important to eat a variety of healthy foods and to ***gain*** weight; her doctor or midwife can tell her how ***much***.

Students are likely to raise the issue of "***cravings***." Cravings for healthy foods from the basic food groups may simply be her body's response to a particular nutritional need. Cravings, however, for "junk-foods" and "non-foods" are of serious concern. Junk-foods may not directly harm the fetus, but they fill the woman up. She is less likely to eat enough protein, fruits, vegetables, and dairy and cereal products if she fills up on soft drinks and chips. Don't bring up "non-foods" unless students do; there's no need to risk promoting a risky practice they don't already know about. If they do raise the issue, explain that non-foods such as dirt, clay and cornstarch, commonly eaten in some cultures during pregnancy may :

> take the place of real foods,
> contribute to obesity (starch, particularly),

> contain toxic substances (some pregnant people "crave" charcoal, mothballs, air fresheners, soap)
> interfere with absorption of important nutrients, and
> contribute to iron-deficiency anemia. (It is not known whether the latter is a cause or an effect of such non-food cravings)

Heartburn is fairly common during pregnancy. A misnomer, it has nothing to do with the heart. It is a type of indigestion. Smaller, unhurried meals with less greasy foods may help. Sometimes changes in diet don't work. Stress, however, that no medicines, even over-the-counter treatments for heartburn should be used during pregnancy without approval from a doctor or midwife.

Constipation is common during pregnancy. Regular exercise and plenty of fluids and raw vegetables and fruits may help. Again, no medicine without prior approval!

Skin markings sometimes accompany pregnancy. These can include "stretch marks" on the abdomen and breasts. The term "stretch marks" is misleading: they are not caused by weight gain, but rather by pressure from the normal changes in the uterus and breast tissue and by hormones. Emphasize that they can ***not*** be avoided by dieting during pregnancy. Other skin markings may include varicose veins. These are also not "preventable" ... elevating the legs or wearing support hose may help. They are not a threat to health, though. Skin changes can also include: a vertical dark line on the abdomen, blotches on the face, rashes, and more (or less) acne than usual.

Other benign side effects of pregnancy may include: **backache**, **heaviness or aching in the pelvic area**, **insomnia**, **faintness**, **feeling fetal movement**, **leg cramps**, **weight gain**, and of course a **swelling abdomen**. Give people credit for listing the latter only if they called it "the abdomen" or "the uterus" ... not "the stomach."

Other changes can signal serious problems. A woman should see her doctor or midwife if she notices any of these: **vaginal bleeding**; **unusual vaginal discharge** (if it burns or itches, smells odd, gets thick or changes texture); **painful urination**; **reduced amount of urine** per day; **swelling of hands, feet or face**; **chills or fever**; **severe abdominal cramps**.

(C) EMOTIONAL AND SOCIAL CHANGES,
FOR MEN AND WOMEN, DURING PREGNANCY

Almost any answer is legitimate, here, because people's experiences of pregnancy vary tremendously. Accept -- and express understanding of -- any of the following:

Afraid, worried, anxious (regarding childbirth, the baby's health, the health of one's pregnant partner and one's self, the major changes in one's lifestyle/finances/schooling/employment)

Proud (of one's ability to procreate, to assume adult responsibilities, to care for another)

Happy, excited (about embarking on an adventure, seeing a birth, giving birth, parenting an infant, being a family in a new way)

Loving and close (with one another and with other family members; with the fetus, especially later in pregnancy as it starts to seem more "real")

Stressed and distant (from one another and other family members, especially if you aren't communicating about all these feelings)

Varying feelings about own (or partner's) changing body (more attractive, sexy, womanly ... less attractive, sexy, womanly)

Jealous, left out (of the attention being lavished on partner and on the fetus)

Guilty (for having caused the pregnancy, if it wasn't planned, and even sometimes if it was)

Angry (at self and/or partner for causing the pregnancy, if it wasn't planned or discussed ahead of time; at partner or family for lack of support; at family and friends for unsolicited advice; at health care providers for not being responsive enough; at the fetus for influencing your life in this way, even if the pregnancy was planned)

Depressed, overwhelmed (by the new responsibilities, the physical, financial, emotional and social demands)

Healthy, fit (especially if you pay attention to nutrition, exercise and sleep needs and get prenatal care)

Exhausted, unhealthy (especially if you ignore nutrition, exercise and sleep needs and don't get prenatal care)

Lonely (if you withdraw from, or don't have a support system, or if your friends just seem to drift away ... especially a problem for teens)

Nurturing, solicitous (of partner and/or self)

Emphasize that feelings are temporary. If negative ones don't disappear after a few days, the person needs to try talking about them -- with one's partner, a friend or family member, or a professional. Alcohol and other drugs do not make feelings disappear, except temporarily, and can, for the pregnant woman, damage the fetus. Suicide, sometimes attempted by pregnant teens, is a permanent solution to a temporary feeling. Running away, like drugs, may bring temporary relief, but will not solve the problem or permanently change the feelings.

3. Discuss pregnancy testing. As you describe them, it's desirable, though optional, to show:

   > a small clean jar with a lid (used by the woman to collect an early-morning urine sample),

> a speculum (used to gently separate the walls of the vagina, so the health care professional can see the cervix), *

> a latex glove (worn by a health care professional when feeling the uterus)

Explain each of these three procedures:

Urinalysis looks for the hormone "HCG" (Human Chorionic Gonadotropin), a chemical secreted by the blastocyst and then by the chorionic sac and placenta. HCG prevents the uterus from shedding its lining (menstruating) so the embryo can implant and survive. The woman's urine, especially the first urine in the morning, which is the most concentrated, should contain enough HCG to detect, by about 6 weeks after the first day of her last normal menstrual period -- which is about 2 weeks after fertilization. Before that, a urine test is useless. A number of factors can "fool" a urine test into a false reading. These include an inexperienced interpreter, certain tumors and diseases, various medications, too early or too late testing (in the pregnancy), ectopic pregnancy (where the blastocyst implants in a fallopian tube or elsewhere) and probably marijuana. Because false readings can occur, ***a urine test alone is not enough***; an exam is important.

In ***examining the cervix***, a health care provider looks for changes. A pregnant woman's cervix will be softer and more blue-colored than usual.

In ***examining the uterus***, the provider feels for enlargement. Even though it may not be noticeable to the woman for weeks to come, an experienced doctor, nurse practitioner or midwife can usually detect a change in the uterus' size about three or four weeks after fertilization.

Having an exam may be embarrassing or uncomfortable for a young woman, especially if it's her first, but it is not supposed to be painful. If it hurts, either (1) something is wrong (a tumor, an ectopic pregnancy, etc.) or (2) the woman is tightening her muscles (out of anxiety) or (3) the professional is insensitive or rough. A woman can always say, "stop" if she is too uncomfortable and she can come back or change providers.

Emphasize that there is no age limit on confidential pregnancy testing. Involving one's parents is terrific, if it is possible. But it is not required by law, and most doctors and clinics will respect a young woman's (or couple's) decision on the matter.

Discuss the importance of getting a pregnancy test as soon as

* Check with a local family planning clinic (Public Health Department, Planned Parenthood, etc.) or gynecologist to obtain one. In King County (WA), one plastic speculum is available free, if a teacher drops in to any Public Health family planning clinic. Call (206) 296-4772.

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pregnancy is suspected. If the pregnancy is carried to term, the earlier prenatal care can be initiated, the safer the pregnancy will be (for mother and baby). If the woman decides on abortion, it is safest and least expensive before twelve weeks' gestation. If the pregnancy is unplanned, the earlier the woman or couple or family starts thinking about the decision and communicating, the better ... for both of the reasons above. Teens, especially, tend to delay seeking prenatal care or abortion because they don't want to admit to themselves and those they love, that they are pregnant. That is sad. Ignoring a pregnancy doesn't make it go away. And, as mentioned earlier, trying to escape through alcohol and other drugs is ***dangerous***.

4. Finally, answer students' questions (written and oral) about pregnancy and explain that tomorrow's class will review and expand upon ***what a person, male or female, can do to stack the deck in favor of his or her future child's health.***

5. If time allows, have students tally the correct answers they personally contributed to the Worksheet. Award the three top scoring individuals each a Baby Expert Award. If time is short, tally them outside of class and present the awards at the start of class tomorrow.

Pregnancy Worksheet 2: The Changes of Pregnancy

NAMES OF THE PEOPLE COMPLETING THIS WORKSHEET: PERIOD ______

____
____
____

NOTE: The spaces on the right side of the page are for the initials of the person who contibuted that particular fact.

(A) List, below, all the **symptoms** a woman might notice, early in a pregnancy. In other words: how does she know she's pregnant?

1. ______________________________ ______
2. ______________________________ ______
3. ______________________________ ______
4. ______________________________ ______
5. ______________________________ ______
6. ______________________________ ______
7. ______________________________ ______
8. ______________________________ ______
9. ______________________________ ______
10. ______________________________ ______
11. ______________________________ ______
12. ______________________________ ______

If you need more space, continue on a separate sheet of paper.

(B) List the **physical changes** (body changes) pregnant women commonly notice ... not just at first, but over the whole nine months. In other words: what can a woman expect of her body?

1. ______________________________ ______
2. ______________________________ ______
3. ______________________________ ______
4. ______________________________ ______

Worksheet, continued ...

5. ______________________ ____
6. ______________________ ____
7. ______________________ ____
8. ______________________ ____
9. ______________________ ____
10. ______________________ ____
11. ______________________ ____
12. ______________________ ____

(C) List the **emotional** (feeling) and **social** (relationship) **changes** often experienced by men ***and*** women during pregnancy. If you think of a change only a future mother might feel, put (M) after it. If only the future father would feel it, put (F) after it. If both people may experience it, put (B).

1. ______________________ ____
2. ______________________ ____
3. ______________________ ____
4. ______________________ ____
5. ______________________ ____
6. ______________________ ____
7. ______________________ ____
8. ______________________ ____
9. ______________________ ____
10. ______________________ ____
11. ______________________ ____
12. ______________________ ____

This is to certify that

____

is a hot-shot

BABY EXPERT!

Ask this person to tell you what he/she knows about health and babies!

____

Signature

Lesson Plan 15

Pregnancy

Day 3:

Prenatal Health

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Describe at least 2 paternal behaviors which can maximize the odds of a healthy pregnancy outcome.
2. Describe at least 4 maternal behaviors which can maximize the odds of a healthy pregnancy outcome.
3. Identify the first trimester as the time the embryo is most vulnerable to environmental hazards.

MATERIALS NEEDED:

PHOTOCOPIES
One per student of ...
  Prenatal Health Worksheet
One set of ...
  the Clue pages (cut into 110 separate clues, taped onto index cards)
Five per class period of ...
  Baby Expert Award (from lesson 14)

INDEX CARDS (110, see above)

ELEVEN RED PENS
ELEVEN HAND-DRAWN SIGNS *
  Sheets of paper, each with a large block letter (A-K)

* Rearrange the classroom, posting these signs around the perimeter to create 11 learning or "game" stations. See Activity 3 for details.

TIME NEEDED:
one or two class periods, depending on whether there are oral Field Trip Reports (and how many)

AGENDA:

1. Explain the lesson's purpose and relevance.
2. Have students present oral Field Trip Reports on "Prenatal Health and Drugs" and "Other Birth Defects."
3. Hand out the Prenatal Health Worksheet. Have students read it silently.
4. Explain the role of the volunteers staffing the "game stations." Explain the rules of the Game to the *whole* class and play the Prenatal Health Game.
5. Have the 11 volunteers read the Worksheet aloud.
6. Discuss the Worksheet and the lesson's key concepts. Summarize and present Baby Expert Awards.

ACTIVITIES:

1. Explain the lesson's purpose and relevance:

   For the last couple of days, we've been looking at pregnancy ... at how a pregnancy develops, when all is well. But everything ***doesn't*** *always go well. Today we'll study some pregnancy-related problems. We'll talk about how to avoid some of them, how to give a baby* ***the best possible chance of a healthy start****. Many of you will one day have children. Perhaps some of you already do. I am certain that, after today's class, every person in this room, male or female, will have at least one new idea about how you personally can improve your* ***future*** *children's chances of being born healthy. Those of you who don't ever have children will be able to be the "health educators" for people you love who* ***do.***

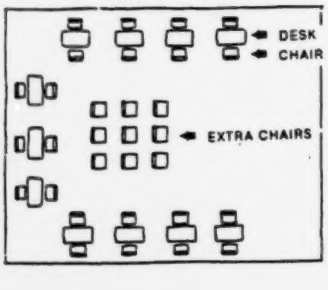
   This lesson could be a sensitive one for students who may have birth defects, or who have a close relative with a birth defect. With these students' feelings in mind, emphasize here that:

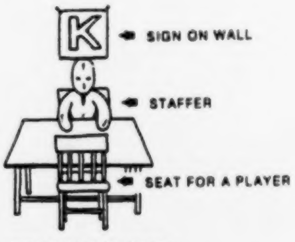
   Most of the time *doctors can't tell what caused a particular birth defect, and,* ***when we can identify a cause*** *it is usually a chromosomal problem over which the parents may have had no control. We will simply be looking, today, at a few things you, as potential parents,* ***can*** *control.*

2. Have students present their oral Field Trip reports on "Prenatal Health and Drugs" and on "Other Birth Defects." Field Trip Grading forms (with grading criteria) are in Lesson Plan 1. This may take most of a class period, depending on the number of students prepared to present.

3. On the second day of the lesson (or the first, if there were no Field Trip Reports) you will play the Prenatal Health Game. We recommend rearranging the classroom ahead of time, so that, as students enter the room, each will choose a seat that will later determine his or her role in the game ... saving considerable time and confusion. The room should be set up with eleven chairs around its perimeter, facing in, with a letter (A to K) on the wall above each chair. At each chair there should be a desk. All the remaining chairs should be gathered in the center of the room, like so:

11 GAME STATIONS





ONE GAME STATION

Begin by handing out the Prenatal Health Worksheet and giving everyone a couple of minutes to look it over.

4. Now, point out that eleven people have "volunteered" to staff game stations, by sitting around the perimeter of the room. Give each Staffer a packet (rubber-banded) of ten clues and a red pen. The person at Game Station A gets clues A1 through A10, and so on.

As you hand these out, instruct the Staffers about their role:

I am giving each of you TEN CLUES. Your job will be to show them to students who come to your game station ... one clue at a time, in numerical order (clue 1, clue 2, etc.) ***As soon as a Player guesses the correct answer you may tell her/him that she/he is right ...*** *no matter how many clues have been given at that point. He or she will write the answer in the blank. Take a moment to read your clues.*

I am also giving each of you a RED PEN. When a Player finishes writing the answer on the Worksheet, ***you'll*** *write, in red on the person's Worksheet, the number of the last clue you gave the person. So if you are staffing Station B and Chris, for example, guessed the answer after the fifth clue, you would write "5", in red, where it says "B equals __ " on Chris' Worksheet. One other thing: you should only show clues to* ***one*** *player at a time; others must wait patiently in line at your game station.*

Now, address the whole class:

You see that there are 11 unfinished portions on your Worksheets and 11 game stations around the room, lettered A through K. You play the Prenatal Health Game by going to any game station and looking at clues (the Staffer at that station will show you one clue at a time until you guess the correct answer). Guessing should be done at a whisper, so others can't overhear. Otherwise there won't be any challenge to it. The last "clue" will actually ***give*** *you the answer if you haven't guessed it by then. As* ***soon*** *as you fill in that part of the Worksheet, give your paper to the Staffer so he/she can give you credit for finishing that Station ... the Staffer will write down, in red, how many clues it took you.*

Then go to another game station. Look for one that's available; you don't have to do the stations in order. If all the Game Stations are in use, just be patient. Staffers are only allowed to work with one Player at a time. When you finish the entire Worksheet, have a seat and relax.

The object of the game is to complete the Worksheet, and to do so with the fewest possible clues. We'll be stopping the game twelve minutes before the end of the period. The 5 players who have completed their Worksheets at that time and who have the 5 lowest total scores will "win." Spelling counts ... it must be completely correct to win.

There will be awards and 10 extra credit points for the winners. Those few extra points are just to spice up the game. Of course the **real** *object of the game is learning, so let's not put competition above all else. In fact when we stop the game, we'll read the Worksheet aloud so that everyone can complete it, even the Staffers.*

Play the Prenatal Health Game. Call "Time" 12-15 minutes before the end of the period.

5. Have the Staffers each read her or his portion of the Worksheet aloud. Thus the person who staffed Game Station A, reads aloud beginning with "Dear Mom and Dad," and continuing until he or she reaches an asterisk. Then Staff B takes over, and so forth. When the reader comes to a blank, he or she fills in the correct answer and spells it. *

   As it is being read aloud, everybody (Staffers as well as Players), will fill in any still-empty blanks on their Worksheets. For Staffers, this will mean filling in the whole thing.

6. Finally, discuss seriously the meaning of the Worksheet, and answer questions students may have about particular items.

   People may be confused by item "I": What does kitty litter have to do with prenatal health? An infection called "toxoplasmosis" (which can cause birth defects) may be transmitted by handling cats' feces. Pregnant women should avoid changing kitty litter and should use rubber gloves if they work in the garden (to avoid outdoor fecal matter, too). They should wash carefully after touching raw meat. Toxoplasmosis is relatively rare, but it bears mention because it is easily prevented.

   If you live in a community with very many hot tubs, you may want to mention, at this point, that pregnant women should also avoid using hot tubs, because it is risky to raise their body temperatures above 104 degrees.

   A key question for discussion is:

   "As you know, babies born to teens are more likely to have birth defects than babies born to women in their twenties; why do you suppose that is?"

   There are three crucial issues in response to this question ...

* Correct answers for the Worksheet are:

(A) chromosomes, (B) chemicals, (C) sexually transmitted diseases, (D) regular exercise, (E) clinic, physician's, (F) midwife, obstetrician, (G) nourishment, (H) alcohol, tobacco, illegal, prescription, over-the-counter, (I) kitty litter, (J) X-rayed, radiation, (K) birth center, hospital

(1) that teens are less likely to seek **prenatal care**, and those who do often start it late in the pregnancy ... they may not *believe* they could really be pregnant, they may not *recognize* the symptoms, they may be *afraid* to go to the doctor, *afraid* to talk with one another, etc., and

(2) that teens are more likely to use **drugs**, legal and illegal (especially alcohol), because they may not be *planning* a pregnancy, may not *realize* they are pregnant as early in the pregnancy, and may not understand the *risk* to the developing fetus, and

(3) that teens are less likely to eat a really nourishing, balanced **diet** ... again, because they may not be *planning* a pregnancy, may not *realize* they are pregnant as early in the pregnancy, and may not understand its *importance* to the developing fetus ... they are also still growing and some of the food goes for this.

Other discussion starters might be these:

"Babies of teenagers are not the only ones with problems; those born to adults can also have preventable birth defects; what do you think we, as a society, can do about it?"

"If a woman knowingly risks her fetus' health, say, for example, by using cocaine during the pregnancy, should she be prosecuted for 'prenatal child abuse'? If so, should she lose custody of her newborn? Should she be required to get treatment for her drug problem? What if the drug is cigarettes, instead of cocaine? Is she a child abuser?"

Finally, summarize the lesson:

For most birth defects the cause is unknown. Researchers are trying to find causes and solutions. On the other hand, we know a lot more than we new a generation ago; there are lots of ways you can improve the odds for your future children.

There are birth defects we ***do*** *know the causes of and can* ***prevent****. Other birth defects can't be* ***prevented****, but* ***can be detected*** *early in a pregnancy. Some of these can be repaired before the baby is born; in other cases couples may choose abortion. Still other birth defects are genetic and* ***can't*** *be prevented; but people can get genetic counseling before starting a pregnancy, if they think they might be at risk.*

So, there are things both Mom and Dad can do ***before*** *they start a pregnancy, to improve the baby's chances. What are some of these?*

There are also things Mom and Dad can do ***during*** *the pregnancy and birth, to "stack the deck" in their baby's favor. What are some of these?*

Your generation can protect your children in ways my generation couldn't ... if you care and if you plan.

Finally, if time allows, have all Players who completed their Worksheets before you called time, add up the sum of their clues. Present Baby Expert Awards to the 5 winners. If time is short, you can tally people's scores after class and present the Awards at the start of tomorrow's class.

Prenatal Health Worksheet

NAME ________________________ PERIOD ______

LETTER FROM A NEWBORN BABY

Dear Mom and Dad,

Well, you got me here safely. Thanks! I want you to know how much I appreciate all that you have already done for me.

First, you gave me healthy ____________________ (A=). Some of that was just my good luck ... but you've had them for your whole lives and you've *kept* them healthy all those years! * One way you protected them, Dad, was to avoid using teratogenic (birth-defect causing) ____________________ (B=) ... especially 10, 11, and 12 months ago. *

Before starting me, you both got check-ups. In particular, you asked the doctor to test you for ________________ (C) ________________ (C) ________________ (C=) . * Because you were *trying* to get pregnant, Mom, you began getting ________________ (D) ________________ (D=) . *

Then, as soon as you thought you *might* be pregnant, Mom, you had a test at a ________________ (E) or ________________ (E=) office. * They said I was on the way! So right away, you started getting prenatal care from a ________________ (F) or an ________________ (F=) . *

Worksheet, continued ...

You made sure you gave me plenty of ____________________ (G=) , so I'd have building blocks to grow with. In fact, Dad, you helped with that; you knew Mom needed it, too ... for her own health. * Mom, you were careful not to use most drugs -- not ____________________ (H) , not ____________________ (H) , not ____________________ (H) drugs. You were even careful about ____________________ (H) drugs and ____________________ (H=) drugs! * Dad, you helped Mom to avoid getting sick. For one thing, you made sure you were the one to change the ____________________ (I) ____________________ (I=) . * And, Mom, you made sure you didn't get ____________________ (J) while I was developing, because the ____________________ (J=) could have damaged my brain or my skeleton. *

When you went into labor, you went to a ____________________ (K) ____________________ (K) or ____________________ (K=) where Mom and I could get help if anything went wrong. Even if I had been born at home, you'd still have made sure we had a trained helper.

For all this and all that is yet to come, thanks.

Love,

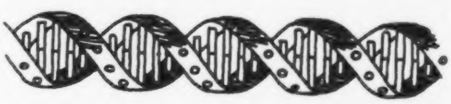
Your Baby *

* When reading this letter aloud, stop at the stars and give the next reader a turn.

Clue A 1

It is an 11-letter word.

Clue A 2



Clue A 3

They are made of a protein called **"DNA"**.

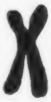
Clue A 4

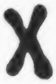
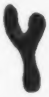
They are strings of protein particles or **"genes"**.

Clue A 5

Mom gave me 23 of them.
Dad gave me another 23.

Clue A 6

If I'm a girl, 2 were shaped like this: 

If I'm a boy, one was shaped like this:  and one, like this: 

Clue A 7

c _ _ o _ o s o _ _ s

Clue A 8

c h _ o _ o s o _ e s

Clue A 9

c h r o _ o s o _ e s

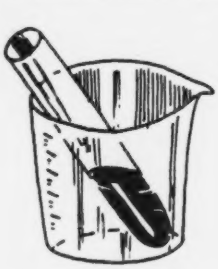
Clue A 10

c h r o m o s o m e s

Clue B 1

It's a 9-letter word.

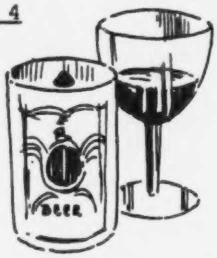
Clue B 2



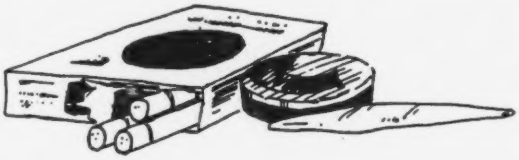
Clue B 3

Some of these substances
are called **"drugs"**.

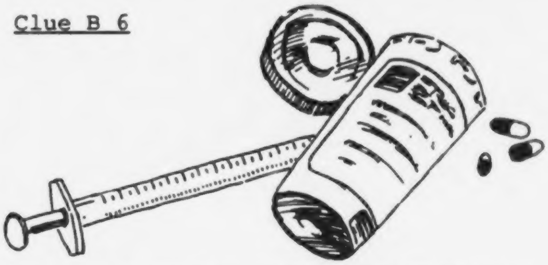
Clue B 4



Clue B 5



Clue B 6



Clue B 7

_ _ e _ i _ _ _ s

Clue B 8

_ h e _ i _ a l s

Clue B 9

_ h e m i _ a l s

Clue B 10

chemicals

Clue C 1

Three words. The first has
8 letters. The second
11 letters. The third
8 letters.

Clue C 2

They are germs passed from
person to person by some
specific kinds of touch.

Clue C 3

They are caused by over 30
different kinds of **germs**.

Clue C 4

A.I.D.S.
GENITAL HERPES
GENITAL WARTS

Clue C 5

SYPHILIS
GONORRHEA
CHLAMYDIA

Clue C 6

We used to call these illnesses
"V.D.".

Clue C 7

The first word is
_ e x _ _ _ _ y

Clue C 8

The second word is
t r _ _ s _ _ _ _ e d

Clue C 9

The third word is
d i _ e a _ e _

Clue C 10

sexually
transmitted
diseases

Clue D 1

Two words.
One has 7 letters; the
other has 8.

Clue D 2

The first word means
"frequent" or **"consistent"**.

Clue D 3

The first word also means
Mom made it a **habit** ...
a good habit.

Clue D 4

The first word is
r e _ _ _ a _

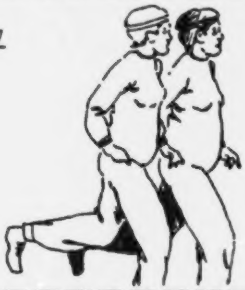
Clue D 5

The first word is
r e _ _ l a r

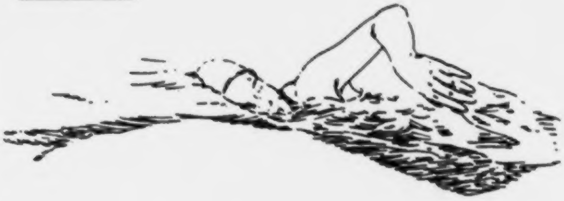
Clue D 6

The first word is
r e g u l a r

Clue D 7



Clue D 8



Clue D 9

The second word is
e x e _ _ _ _ e

Clue D 10

The second word is
e x e r c i s e

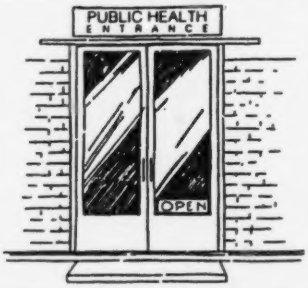
Clue E 1

It's two words. One has 6 letters. The other has 10 letters.

Clue E 2

The first word means "a place patients go ... often for free or low cost".

Clue E 3



Clue E 4

The first word may be a center run by Public Health, Planned Parenthood, or another health agency.

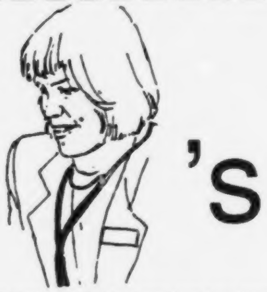
Clue E 5

The first word is
c __ i __ i __

Clue E 6

The first word is
c l i n i c

Clue E 7



Clue E 8

The second word means "doctor's".

Clue E 9

The second word is
p h y s __ __ __ __ __'s

Clue E 10

The second word is
p h y s i c i a n's

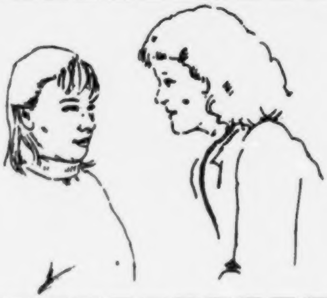
Clue F 1

Two words. One is a 7-letter word. The other is a 12-letter word.

Clue F 2

The first word is someone who is **not** a doctor, but who is specially trained to help women during pregnancy and birth.

Clue F 3



Clue F 4

The first word is
_ i _ _ i _ e

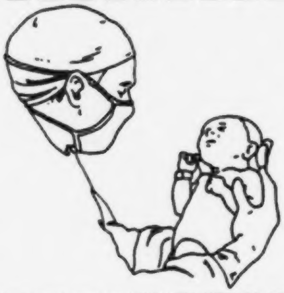
Clue F 5

The first word is
m i d w i f e

Clue F 6

The second word is a doctor who specializes in pregnancy and birth.

Clue F 7



Clue F 8

The second word is
o _ _ _ e _ _ i _ i a n

Clue F 9

The second word is
o _ s t e t _ i c i a n

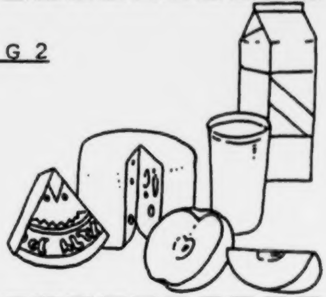
Clue F 10

The second word is
o b s t e t r i c i a n

Clue G 1

An 11 letter
word.

Clue G 2



Clue G 3

It comes from healthy
foods.

Clue G 4

It includes **vitamins, minerals, proteins, complex carbohydrates, unsaturated fats,** etc.

Clue G 5

It means "sustenance" or
"nutrition".

Clue G 6

Mom not only ate well, to give
me this, but also took special
prenatal vitamins the doctor
gave her.

Clue G 7

It is
_ _ _ _ i s h _ _ _ _

Clue G 8

It is
_ _ _ _ i s h _ e n t

Clue G 9

It is
n _ _ _ i s h m e n t

Clue G 10

It is
nourishment

Clue H 1

Five words. The first has 7 letters. An example is beer.

Clue H 2

The second word has 7 letters, too. It can be smoked or chewed.

Clue H 3

The third word has 7 letters, ***too***. It means "against the law."

Clue H 4

The fourth word has 12 letters. A doctor gives you this.

Clue H 5

The fifth word is made from 3 words, hyphenated. An example is cough medicine.

Clue H 6

The first word is alcohol. The other words are all related.

Clue H 7

The next word is tobacco.

Clue H 8

The next word is illegal

Clue H 9

The next word is prescription

Clue H 10

The last word is over-the-counter

Clue I 1

There are two words. One has 5 letters.
The other has 6 letters.

Clue I 2

You change it, so the house won't smell. But sometimes it contains a germ called toxoplasma gondii.

Clue I 3

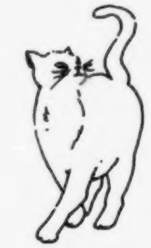
The same germ is sometimes found in raw or rare meat, so Mom has been eating her meat well-cooked.

Clue I 4

If she caught this germ, I could have been born with birth defects.

Clue I 5

The first word:

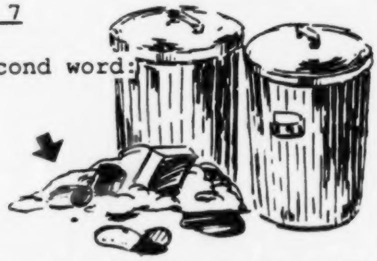


Clue I 6

The first word is _ i _ _ y

Clue I 7

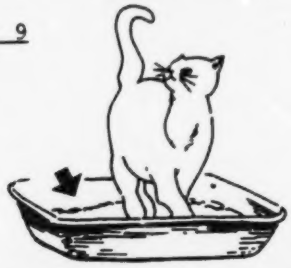
The second word:



Clue I 8

The second word is _ i _ _ e _

Clue I 9



Clue I 10

kitty litter

Clue J 1

There are two words. The first has 6 letters and a hyphen.

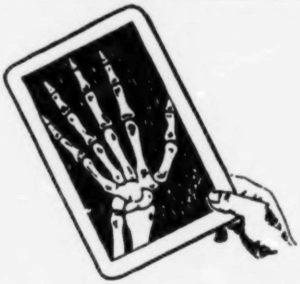
Clue J 2

The first means **"examined with a kind of photgraph"**.

Clue J 3

The first word is a way doctors see patients' skeletons and other hidden objects.

Clue J 4



Clue J 5

The first word is
_ - _ a _ e d

Clue J 6

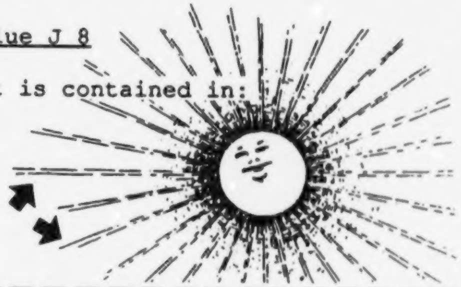
The first word is
X-rayed

Clue J 7

The second word means **"streams of energy"**. It has nine letters.

Clue J 8

It is contained in:



Clue J 9

The second word is
r _ _ _ _ t i o n

Clue J 10

The second word is
radiation

Clue K 1

These are two terms.
The first term is 2 words
with a *total* of 11
letters.

Clue K 2

It describes an alternative place, usually home-like, where people can go to have babies. Family and friends are welcome to be part of the excitement here .

Clue K 3

... but not everyone can use this place, only women who expect normal, easy births.

Clue K 4

The term is
b _ _ t h   c _ _ _ e r

Clue K 5

The term is
b i r t h   c e n t e r

Clue K 6

The next term is a word with 8 letters. It is a more traditional place to have a baby (at least in the U.S.).

Clue K 7

It's a place with a special department called "labor and delivery".

Clue K 8

Usually Dad is welcome here. Mom and Dad make *some* decisions here, and there is equipment to handle emergencies.

Clue K 9

The word is
_ o s _ i t _ l

Clue K 10

The word is
h o s p i t a l

Lesson Plan 16

Planning to Parent

Day 1:

Infant Health

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Explain the importance to infants of loving, secure touch.
2. Identify at least 2 advantages of breastfeeding.
3. Correctly identify, within 2 months, appropriate expectations for at least 5 landmarks of infant development.
4. Recognize that parenting is an expensive, time-consuming, awesome responsibility.

MATERIALS NEEDED:

PHOTOCOPIES
One per student of ...
  Infant Health Worksheet
One set of ...
  the Clue pages (cut and taped to 85 index cards)
Five per class period of ...
  Baby Expert Award (from lesson 14)
One transparent set of ...
  Infancy Transparencies 1-3 *

INDEX CARDS (85, see above)
FOURTEEN RED PENS
FOURTEEN HAND-DRAWN SIGNS **
  Sheets of paper, each with a large block-letter (A-N)

TIME NEEDED:
one class period

* If you live outside King County (WA) find six ***local*** parent-support and adoption resources to use in completing Transparency 3. See activity 4, for examples.

** Rearrange the classroom as in yesteray's lesson, but with fourteen "game" stations.

AGENDA:

1. Explain the lesson's purpose and relevance.
2. Hand out the Infant Health Worksheet. Have students read it silently.
3. Explain the role of the 14 Staff of the stations (there are slight changes from yesterday's game) and play the Infant Health Game.
4. Have the 14 Staffers read the Worksheet aloud and elaborate using Transparencies.
5. Summarize and present Awards.

ACTIVITIES:

1. Explain the lesson's purpose and relevance:

   Babies born to teens are more likely than babies born to women in their twenties to have birth defects. There are three major reasons for this; who can tell me what they are?

   Right: lack of prenatal care (or late entry into care), poor nutrition, and use of alcohol and other drugs before and during pregnancy. You learned, yesterday, what a person, especially a teen, can do to increase the odds of a ***healthy pregnancy****.*

   Did you know that babies of teens are ***also more likely to die in the first year of their lives****? Today we'll explore what a person can do or needs to know, to increase the odds of a* ***healthy infancy****.*

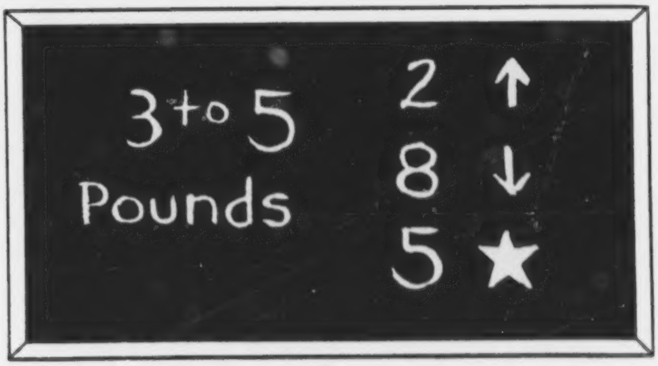
2. Have the room arranged as it was yesterday, but with fourteen, instead of eleven, game stations. Hand out the Infant Health Worksheet. Have students read it silently.

3. Explain how the role of the fourteen volunteer Staffers differs from their role yesterday:

   At your game station, you will each find between TWO and TEN CLUES. Your job will be to show them to students who come to your game station ... in order (clue 1, clue 2, etc.), just like the Staffers did yesterday. There is one way your job will differ from the job of yesterday's Staffers: some answers are numbers, rather than words. For these there are no clues. The Player must make a ***guess*** *... you may say only three things:* ***"higher," "lower,"*** *or* ***"good."***

   Suppose the answer were "3 to 5 pounds." If the Player at your game station guessed, "2 pounds," ***you*** *would say,* ***"higher."*** *Then the Player might guess "8 pounds," and* ***you*** *would say,* ***"lower."*** *Maybe the Player would guess, next, "5 pounds," so* ***you*** *would say,* ***"good,"*** *and you would* ***show the student the correct answer****. The Player would write the* ***whole*** *correct answer on his or her Worksheet: "3 to 5 pounds."*

   NOTE: Write the numbers on the blackboard as you walk through the example above.



Continue with the instructions: ***As soon as a student guesses the correct answer you may tell her/him that she/he is right ...** no matter how many clues have been given at that point. I am handing you red pens to mark down how many clues, or how many guesses, the Player needed to arrive at the correct answer. Remember to only show clues to **one** person at a time; others must wait patiently in line at your game station.*

3. Explain the rules of the exercise to the whole class:

   *This is a game very similar to the one we played yesterday. This time, you see that there are 14 unfinished portions on your Worksheets and 14 game stations around the room. Don't forget to whisper, so others can have the fun of guessing, too. And don't forget that, when the answer is a **number**, the Staffer cannot show you any clues: you must **guess**.*

   Answer any questions students have about how the game is played, especially if anyone was absent yesterday. Begin the game. Call "Time" about ***20 minutes*** before the end of the period, as more debriefing is required today than yesterday.

4. Have the 14 Staffers each read her or his portion of the Worksheet aloud, as you did yesterday. *

   As the Worksheet is being read aloud, each person (Staffers as well as Players) will fill in any still-empty blanks on his or her Worksheet (for Staffers, this will mean filling in the whole thing).

   After Staff A (sitting at Station A) finishes, pause to remind the class of something they learned in lesson 2: that ***babies who receive insufficient nurturing and affectionate touch can actually die from the deprivation*** ... even if otherwise properly cared for.

* The answers to the Worksheet are:

A. attention, cuddling
B. breastfeed, antibodies
C. circular, 8 to 10 inches
D. 20 to 40 minutes, 2 to 3 years
E. smile, 1 or 2 months
F. sit up, 6 or 7 months
G. crawl, 9 or 10 months
H. walk, 11 or 12 months
I. say, 7 to 9 months
J. 5 to 6 months, 3 or 4 years
K. feelings, 3 or 4 years
L. toilet, 2 or 3 years
M. $600-800; $300-400
N. $1,100-1,300; $3,000-4,000

After Staff B finishes, show Infancy Transparency 1. Read the question on the Transparency aloud:

"What are the advantages of breastfeeding?"

If the class doesn't come up with all of the following, you can supply these answers:

> It helps the baby grow strong and healthy; breast milk provides a **complete** diet for an infant under six months old. No supplements are needed!

> It protects the baby from colds and infections by providing the mother's antibodies. Avoiding cow's milk, by breast-feeding or using formula, also reduces allegies.

> It's easy on the stomach; fewer breastfed babies get colic.

> Breastfeeding is simple -- no formula to fix or bottles to wash. (Unless the mother works or goes to school, in which case she may express milk into a bottle, so someone else can feed the baby when she isn't around.)

> It saves money -- there's no formula to buy.

> Breastfeeding helps the uterus to quickly return to its original size.

> Maybe ***most important***: It helps moms and babies get to know each other and feel close; it provides plenty of touch, eye contact and conversation to help an infant grow into a secure, happy child. Which is not to say a parent can't provide as much touch, etc. to a bottle-fed baby ... and that's ***the most*** important thing.

Have Staff C continue reading. After Staff N finishes his or her part, pause to show Transparency 2. Read the question from the Transparency aloud:

"What can three thousand dollars buy?"

According to our research, some of the answers are:

> about 78 pairs of designer jeans (that's a new pair every week for a year and a half).

> a good stereo system and 286 tapes (that's a new cassette tape once a week for five and a half years).

> 13 quarters' tuition at a community college (that's over four years, if you take summers off).

> 7,665 fast-food burgers with fries and a soft drink (that's a "meal" every day, seven days a week, for three years)!

Finally, read the rest of the Worksheet aloud, yourself. When you get to the blanks for community resources, show Transparency 3 and fill in local agencies. Have students copy them on the six blanks on their Worksheets. In the Seattle area there are many ***resources for struggling young parents***:

> child abuse prevention programs, such as Parents Anonymous (524-6020),

> agencies which provide emergency financial assistance to low-income families (or material help such as used baby clothes), like the Salvation Army (325-8101),

> and information/support/referral projects, such as the Children's Hospital Resource Line (526-2500) and Camp Fire's Teen Parent Project (461-8550).

And for ***adoption counseling and assistance***, in the Seattle area, resources include:

> Medina Children's Service (324-9470),
> Options for Pregnancy (575-4559), and
> the Children's Home Society of Washington (524-6020)

NOTE: If you live outside King County, Washington, provide local or toll-free numbers, instead of these.

5. One crucial discussion question will summarize much of this lesson:

"What difference do you think a parent's expectations make? A child will develop at her own pace anyway, right?"

Yes, but ...

> a child's **self-esteem** (and, in turn, future happiness, success in school, in love, in all endeavors) depends to a large degree on the messages he or she receives from his or her parents, and

> parents whose expectations are developmentally unrealistic are more likely to **abuse** a child, as an expression of frustration and/or as a misguided effort to provide discipline.

Parenting is an expensive, time-consuming, awesome responsibility ... it can provide incredible satisfaction but it's also probably the hardest job anyone ever accepts ... especially if you want to do it right.

If time allows, have Players who completed their Worksheets before you called "Time", tally their scores. Present Baby Expert Awards. If time is short, tally them yourself and present the awards at the beginning of class tomorrow.

Infant Health Worksheet

NAME ______________________________ PERIOD _____

SECOND LETTER FROM A NEWBORN BABY

Dear Mom and Dad,

You probably feel a little scared, because you don't know much about being parents yet. I want to reassure you. So far you're doing ***great***. For one thing, you're both giving me lots of ____________________ (A), especially ____________________ (A=). I cry a lot, sometimes for hours at a time, for no obvious reason. It doesn't mean you're bad parents; it may just be what I need to do to discharge energy. Calm, firm touches ***may*** quiet me, particularly if I can feel and hear your heartbeat. Sometimes, nothing you can do will comfort me, and you may feel helpless, but don't worry about spoiling me. You couldn't possibly give me too much caring in this first year of my life. *

The doctor recommended that you ____________________ (B) me. I'm glad. It gives me some of Mom's ____________________ (B=) along with perfect nourishment. It saves you a lot of work and Mom and I ***like it!*** *

Some parents think that brand new babies are just little blobs that can't do anything. Boy, are they wrong! Today I was born and I can already look, hear, smell, feel and turn my head. I even have a personality all my own. And did you know that I prefer ____________________ (C) shapes and can focus my eyes best at a distance of about ____________________ (C=). *

Some parents also expect babies to grow up faster than we can. So let me teach you about myself. Right now, I sleep a lot. I'm only

Worksheet, continued ...

wide awake and comfortable for about ______________________ (D) every four hours. And I may still be waking up in the night when I'm ____________________ (D=) old. Some children don't, but some of us do. * I probably won't be able to ____________________ (E) at you until I'm *at least* ____________________ (E=) old. * You can expect me to learn to ______________________ (F) by myself when I'm *about* ____________________ (F=) old. * I probably won't be able to ______________________ (G) until I'm *about* ____________________ (G=) old, * or ______________________ (H) by myself until I'm *at least* ____________________ (H=) old. * I'll probably ______________________ (I) my first word at *about* the age of ____________________ (I=) . * If you talk to me a lot, starting today, I may understand some of ***your*** words by the time I'm __________________ (J) old, but I'll be ______________________ (J=) old before I can even begin to understand the difference between right and wrong. * Sometimes I'll act thoughtless, because I won't really understand that ***you*** have _______________________ (K) until I'm about ____________________ (K=) old. (That's why it doesn't make any sense to hit me back when I hit you, to "show me how it feels" ... That will only hurt and confuse me. It would be better to tell me, "No!" when I hit you and say that you don't like it.) * Some parents, as I said, think we can do things younger than we really can. For instance, I also won't be able to ***begin*** learning to use a _______________________ (L) until I'm ____________________ (L=) old, and I may still have occasional accidents when I'm 5 or 6 years old! It won't mean that I'm trying to be a bad kid. (All kids want to be good kids, believe me, just as all parents want to be good parents.) Punishing me for that kind of accident would

Worksheet, continued ...

only hurt me a lot. In other words, I will need your endless patience as much as I'll need your love. *

I'll also need your financial support. My first year's diapers (if you use disposable ones) will run you at least ______________________ .
(M)
It will cost about half that much, including laundry, if you use cloth ones. My first year's clothes will cost about ____________________ . *
(M=   )
One year of food, after I stop breastfeeding , will set you back about ______________________ . All in all, my care will run ***at least*** ______________________ per year. *
(N)
(N=   )

Please, please help each other. If all this sounds like more than you can handle, please Mom, please Dad, think about getting help:

______________________________________ phone: ______________

______________________________________ phone: ______________

______________________________________ phone: ______________

or placing me for adoption:

______________________________________ phone: ______________

______________________________________ phone: ______________

______________________________________ phone: ______________

It would not mean you failed; it would mean you loved me ***so much***. It shows courage, strength and wisdom to get help when you need it.

Love,

Your Baby

* When reading this letter aloud, stop at the stars and give the next reader a turn.

CLUE A 1

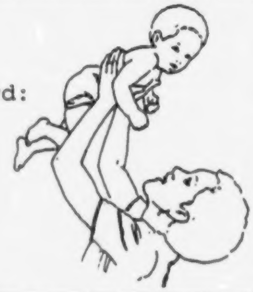
There are two words. The first has 9 letters. The second has 8 letters.

CLUE A 2

The first word means spending a lot of time with me, making sure I feel ***loved***!

CLUE A 3

The first word:



CLUE A 4

People might say that you "pay me" this, but it's really ***free***!

CLUE A 5

The first word is:
a _ _ e _ _ i o _

CLUE A 6

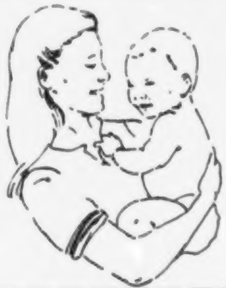
The first word is:
a t t e n t i o n

CLUE A 7

The second word describes a kind of affectionate touches. Synonyms include "hugging" and "snuggling."

CLUE A 8

The second word:



CLUE A 9

The second word is:
c _ _ _ _ i n g

CLUE A 10

The second word is:
c u d d l i n g

CLUE B 1

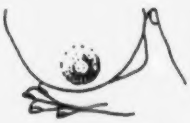
There are two words. The first has 10 letters and a hyphen. The second has 10 letters.

CLUE B 2

A synonym for the first word is **"nurse,"** but it isn't a *person*.

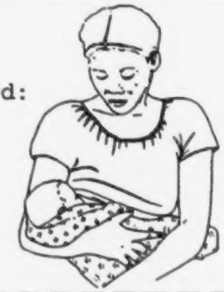
CLUE B 3

The first ***part*** of the word:



CLUE B 4

The first word:



CLUE B 5

The first word is:
_ _ e a _ _ - _ e e _

CLUE B 6

The first word is:
breast-feed

CLUE B 7

They are proteins made by the immune system to fight infection. Mom's help **me** to stay healthy!

CLUE B 8

The first ***part*** of the word is a prefix meaning **"against"** ... they work **against** germs.

CLUE B 9

The second word is:
a n _ _ b o _ _ _ s

CLUE B 10

The second word is:
antibodies

CLUE C 1

There are two answers. The first is an 8-letter word.

CLUE C 2

It isn't ***square*** and it isn't ***rectangular*** and it isn't ***triangular***.

CLUE C 3

Nature made it so I would like to look at ***faces*** ... like Mom's and Dad's.

CLUE C 4

A synonym is "round."

CLUE C 5

The first answer is:
__ i __ __ u l a __

CLUE C 6

The first answer is:
c i r c u l a r

CLUE C 7

The second answer is about as far as a grown-up's face would be from mine.

CLUE C 8

The second answer is:
8 to 10 inches.

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

CLUE D 1

The first answer is:
20 to 40 minutes.

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

CLUE D 2

The second answer is:
2 or 3 years.

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

CLUE E 1

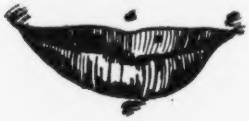
There are two answers. The first is a 5-letter word.

CLUE E 2

It is one way I tell you I'm ***happy***!

CLUE E 3

The first answer:



CLUE E 4

A synonym is "grin."

CLUE E 5

The first answer is:
__ __ i __ e

CLUE E 6

The first answer is:
s m i l e

CLUE E 7

The second answer is:
1 or 2 months

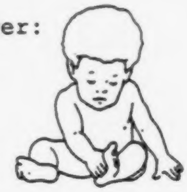
VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

CLUE F 1

There are two answers. The first is actually 2 short words ...
a 3-letter word and
a 2-letter word.

CLUE F 2

The first answer:



CLUE F 3

It means my muscles are getting stronger and I can balance, too.

CLUE F 4

The first answer
(2 words) is:
_ i _   u _

CLUE F 5

The first answer is:
sit up

CLUE F 6

The second answer is:
6 or 7 months.

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

CLUE G 1

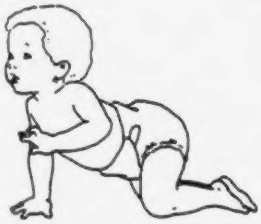
There are two answers. The first is a 5-letter word.

CLUE G 2

It is one of my first ways of traveling.

CLUE G 3

The word is:



CLUE G 4

The word is:
_ _ a _ _

CLUE G 5

The word is:
crawl

CLUE G 6

The second answer is:
9 to 10 months.

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

CLUE H 1

There are two answers. The first is a 4-letter word.

CLUE H 2

It is a difficult way to travel. It means I have learned several new skills: standing, balancing, and moving about without holding on!

CLUE H 3

The first answer:

CLUE H 4

The answer is:
__ a __ __

CLUE H 5

The answer is:
w a l k

CLUE H 6

The second answer is:
11 or 12 months.

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range.

CLUE I 1

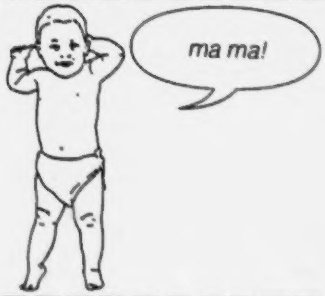
There are two answers. The first is a short one: 3 letters.

CLUE I 2

Synonyms are "utter" and "speak."

CLUE I 3

For example:



CLUE I 4

The answer is:
__ a __

CLUE I 5

The answer is:
s a y

260

CLUE I 6

The second answer is:
7 to 9 months.

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

CLUE J 1

Two answers. The first is:
5 or 6 months.

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

CLUE J 2

The second answer is:
3 or 4 years.

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

CLUE K 1

Two answers. The first is an 8-letter word.

CLUE K 2

These are things like: *hurt, sadness, fear, joy,* and *anger*.

CLUE K 3

A synonym is "emotions."

CLUE K 4

The answer is:
_ e e _ i _ _ s

CLUE K 5

The answer is:
f e e l i n g s

CLUE K 6

The second answer is:
3 or 4 years.

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

CLUE L 1

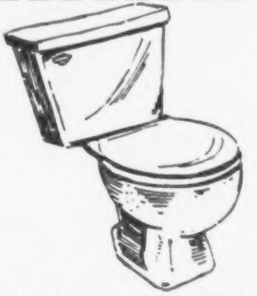
Two answers. The first is a word with 6 letters.

CLUE L 2

One baby-talk word for it is "potty."

CLUE L 3

The answer:



CLUE L 4

The answer is:
_ o i _ e _

CLUE L 5

The answer is:
t o i l e t

CLUE L 6

The second answer is:
2 or 3 years.

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

CLUE M 1

Two answers. The first is:
600 to 800 dollars ($600-800).

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

CLUE M 2

The second answer is:
300 to 400 dollars.

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

CLUE N 1

Two answers. The first is:
1100 to 1300 dollars ($1,100-1,300)

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

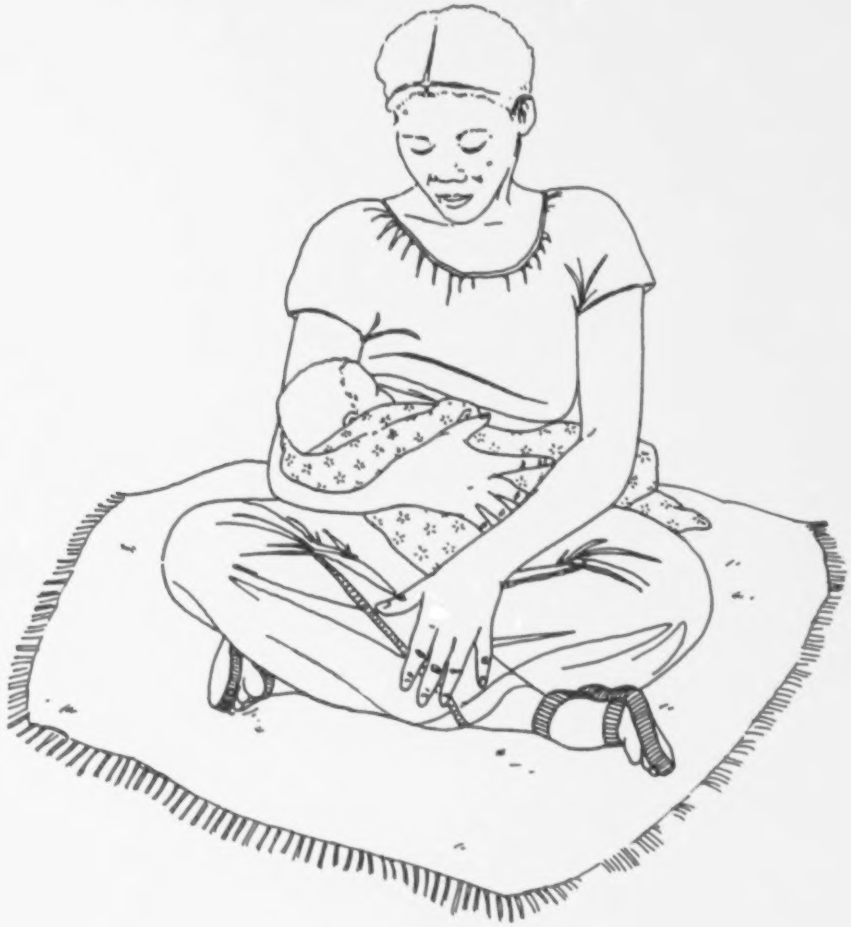
CLUE N 2

The second answer is:
3000 to 4000 dollars ($3,000-4,000)

VOLUNTEER: Remember to just say "higher" or "lower" until the person guesses within the correct range!

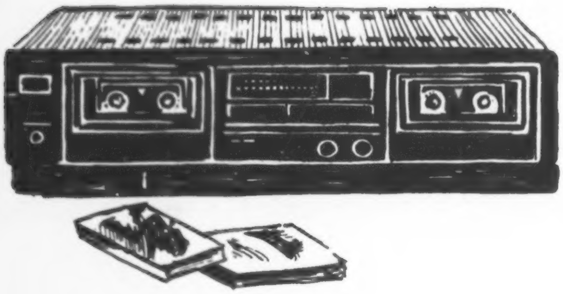
Infancy Transparency 1

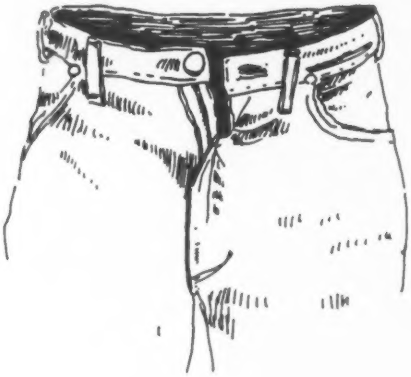
What Are the Advantages of Breastfeeding?

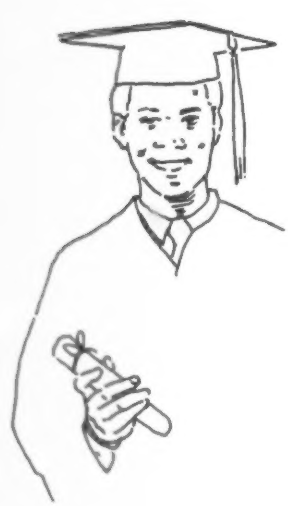


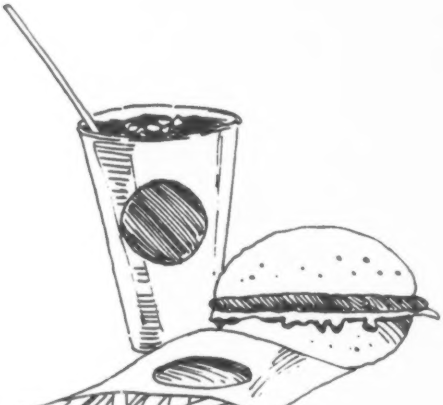
Infancy Transparency 2

What Can $3,000 Buy?









Infancy Transparency 3

RESOURCES IN OUR AREA FOR STRUGGLING YOUNG PARENTS:

____

PHONE: ____________________

____

PHONE: ____________________

____

PHONE: ____________________

RESOURCES FOR ADOPTION COUNSELING AND ASSISTANCE:

____

PHONE: ____________________

____

PHONE: ____________________

____

PHONE: ____________________

Lesson Plan 17

Planning to Parent

Day 2:

Do I Want Children?

How Many? When?

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Cite 3 reasons people might choose each of 3 different family sizes.
2. Cite 3 reasons people might delay parenting until maturity.
3. Cite 3 reasons people might choose to be adoptive, foster or unofficial parents.

MATERIALS NEEDED:

PHOTOCOPIES
One set of ...
   Instructions for Teams
   (cut into 10 Instructions, each taped to an index card)
Ten of ...
   Issues Some Couples/
      Individuals Consider
Up to eight per class period
   (depending on class size)
   of ... Scoresheet
Two per class period of ...
   Child Planning Award

STOPWATCH or WATCH WITH A
   SWEEP SECOND HAND

INDEX CARDS (ten, see above)

TIME NEEDED:
one class period

AGENDA:

1. Explain the lesson's purpose.

2. Assign 2 volunteers each of the 10 sets of instructions. Have those 20 students prepare for 5 minutes, while you give instructions to the others.

3. Each team presents their decision to the class, while the others act as a timer, an M.C., and raters.

4. Add the scores, present the awards, discuss and summarize.

ACTIVITIES:

1. Explain the lesson's purpose and relevance:

   We have looked at the issue of abstinence and later we'll examine one of the traumatic situations that may face people who don't abstain from intercourse, namely an "un-planned pregnancy."

   However, I don't want anyone to forget that intercourse can have wonderful, happy consequences, as well ... it sometimes, after all, leads to the birth of much-desired babies. Today we'll explore the decisions people make about planning children. Yes, it does sometimes happen by choice!

   *This lesson will give you an opportunity to try to understand the decisions people make about how many children to have and when to have them. We'll also look at **other** ways people meet their needs to be parents, besides giving birth.*

2. Assign 2 volunteers each of the 10 sets of instructions. Note that teams number 2, 3, 6, 7, and 9 are "couples" ... you will want to make most of these teams co-ed, if possible, although one same-sex couple is fine, too. The genders of the other teams are irrelevant.

   In classes with fewer than 20 students, you will have fewer than 10 teams ... we think Instructions 1 through 8 are the most crucial (see "Instructions for Teams") if you have to drop a couple.

   Explain that these 20 volunteers (10 teams) will have 5 minutes to plan their presentations. Then, each team will have 2 minutes to explain their parenting decision to the class. Tell them they'll receive points for:

   >> both people participating,

   >> explaining the *reasons* for their decision (the more reasons they give, the more points they'll get),

   >> using their *entire* 2 minutes,

   >> treating the exercise seriously and speaking with sincerity (the more seriously they take it, the more points they'll get).

   Tell them that there will be awards and 10 extra credit points for the team with the highest score, just to spice up the game, but that everyone who participates will get the usual participation points. The object of the game is learning, not winning, so it's important not to put competition above all else.

   For teams who get "stuck," we've provided a list of issues ***some*** couples/individuals consider when deciding whether and when to have children. We suggest providing that list only after teams have expressed a need for help.

While those 20 students prepare their presentations, you give instructions to the others. You'll need:

One **timekeeper**, whose job it will be to let each team know when they have spoken for a full two minutes and to announce to the scorekeepers the actual presentation time for each team.

One **master or mistress of ceremonies**, who will introduce each team by name and will explain (using their instruction card) what their decision is. (e.g., *"This is Mark and Paul. They are each about to become an adoptive father. Mark, Paul, tell us why you've decided to adopt."*)

One or more **scorekeepers**. Discuss with them the point system (see top of Scoresheet). *Make sure they understand that they will* ***not*** *be assigning points according to whether they agree or disagree with the team's decision.* The only criteria will be those listed above.

3. Begin the presentations. Ten presentations ought to take between 25 and 35 minutes.

   In very small classes, there may be time for interaction between the presenters and the audience. The audience can question the presenters about their experience and their decisions. This will enhance the interest of those not actually "on stage" at any one time.

4. Add up the scores each team received (this can just be done aloud, as it is not a popularity contest -- the criteria are very straightforward). Present Child Planning Awards to the winning team. Spend the last few minutes of class discussing and summarizing the exercise. In particular, emphasize that:

   >> there are advantages and disadvantages of any size family ... each person and each couple will make a different decision. (*Encourage students, because this is a matter of belief, to discuss this issue with family and clergy.*)

   >> there are some powerful advantages of postponing parenting until maturity ... although, of course, this too is a matter of belief *worth discussing at home.*

   >> there are other ways to experience the joys and rewards of parenting, besides having one's own biological children ... e.g. adoption, foster parenting, or helping, unofficially, to raise the child of a friend or relative ... or even through a career in teaching, daycare, pediatrics, etc.

   >> the decision to have children is perhaps the most awesome, serious, permanent decision a person ever makes and it ***deserves careful thought.***

Instructions For Teams

1) You may or may not be a couple. You have both decided that you don't want children. Prepare to explain your decision to the class.

2) You are a couple. You have one child. You have decided not to have any more. Prepare to explain your decision to the class.

3) You are a couple. You have one child. You want one or two more. Then you plan to stop. Prepare to tell the class why.

4) You may or may not be a couple. You have each decided that you want at least five children. Prepare to tell the class why.

5) You are not a couple. You are both 18. You each have a toddler. Prepare to explain to the class why you wish you had waited until you were older.

6. You are a couple. You are both 18. You have decided to postpone a pregnancy until you are at least 22. Prepare to tell the class why.

7) You are a couple. You are both 29 and have recently had your first baby. Prepare to explain to the class why you are glad you waited until now to have children.

8) You may or may not be a couple. You are both about to become adoptive parents. Prepare to explain to the class why you are adopting.

9) You are a couple. You have recently applied to become foster parents. Prepare to tell the class why you want foster children.

10) You are not a couple. Neither of you has any biological children, but you are both helping to raise friends' children. Prepare to tell the class why.

Issues Some Couples/Individuals Consider . . .

IN THINKING ABOUT WHETHER & WHEN TO HAVE CHILDREN:

Money and other resources
(home, car, health insurance, etc.)

Whether either of them has serious problems
that could interfere with parenting

Personal and/or professional growth ...
including education plans

Parenting skills and interest

Age, personality and maturity ...
including self-esteem, patience

Relationship with each other ...
and whether they share cultures, races,
religions and beliefs ...
or can work out differences

Health and family health history

Support
(partner, family and friends available to help)

Other responsibilities
(how many children they already have, etc.)

Child Planning Award

This is to certify that

is thoughtful and articulate
about parenting decisions.

Signature

This person would be a "real catch" as a life partner!

Scoresheet

DIRECTIONS:

1. If **BOTH** people on the team speak up, give the team 10 points in the column marked "B".
2. For each **REASON** they give for their decision, give them 2 points in column "R"... so they may get as many as 10 or more in that column.
3. If they speak for the whole two-minute **TIME**, give the team 10 points in column "T".
4. Give them anywhere from 0 to 5 bonus points, in column "S", depending upon how **SERIOUS** and sincere they sound.

For example, suppose Chris and Pat are a team. They both contribute to a full 2-minute discussion. They give 3 reasons for their decision, but they sound fairly frivolous.

1. *Pat*, *Chris* 10 + 6 + 10 + 2 = 28

TEAM'S NAMES	B		R		T		S		TOTAL
1. ________, ________	____	+	____	+	____	+	____	=	____
2. ________, ________	____	+	____	+	____	+	____	=	____
3. ________, ________	____	+	____	+	____	+	____	=	____
4. ________, ________	____	+	____	+	____	+	____	=	____
5. ________, ________	____	+	____	+	____	+	____	=	____
6. ________, ________	____	+	____	+	____	+	____	=	____
7. ________, ________	____	+	____	+	____	+	____	=	____
8. ________, ________	____	+	____	+	____	+	____	=	____
9. ________, ________	____	+	____	+	____	+	____	=	____
10. ________, ________	____	+	____	+	____	+	____	=	____

Lesson Plan 18

Planning to Parent

Day 3:

Am I Qualified?

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Describe at least 3 qualifications he or she believes are important for the job of "parent."
2. Recognize that people have differing beliefs about which qualifications are important.

MATERIALS NEEDED:

LARGE SHEETS OF PAPER
(from an easel pad, 6-8 per class period)

MARKING PENS
(6-8 per class period)

NAMETAGS *

PHOTOCOPIES
One per student of ...
- Parent Worksheet
- Family/Individual Homework Exercise

Eight of ...
- Small Group Instructions

TIME NEEDED:
one class period

* You will need one nametag per student -- the stick-on kind. Partially fill out the nametags in advance. (See activity 3.)

AGENDA:

1. Explain the lesson's purpose and relevance.
2. Hand out and read aloud the Worksheet *"Possible Qualifications for the Job of "Parent."*
3. Use small groups, functioning as boards of directors for adoption agencies, to elicit from students their minimum standards for the job of ***parent***.
4. Have individuals and pairs, thinking as birth parents, examine their beliefs about the ideal qualifications for the role of parent.
5. Discuss, summarize the lesson's concepts and assign homework.

ACTIVITIES:

1. Explain the lesson's purpose and relevance:

   If you were choosing a hairdresser or barber, you wouldn't just go to the first one in the phone book. You would have some criteria, things you'd look for in choosing the best person for the job. Give me some examples of things you'd look for.

   If you were hiring someone to clean your house, you wouldn't just offer the job to the first one you ran across in the phone book. You would have some criteria, things you'd look for in choosing the best person for the job. Give me some examples of things you'd look for.

   *There is **one** job that almost anybody who wants to is allowed to do. Nobody checks people's qualifications. It happens to be one of the most important jobs in the world. No, it's not President of the United States. It is "Parent." Today we'll examine the qualifications for the job. We'll look at who **should** be "hired" as parents.*

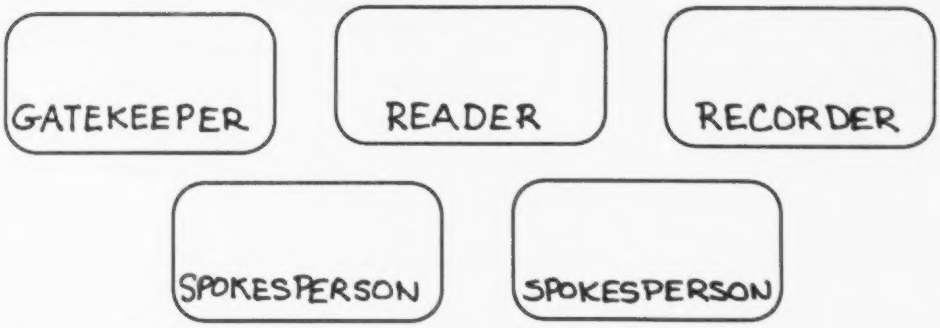
2. Hand out the worksheet entitled *Possible Qualifications for the Job of "Parent."* Have volunteers read it aloud, but make sure everyone knows not to fill it out yet.

3. Divide the class into groups of 4 or 5. Explain to them:

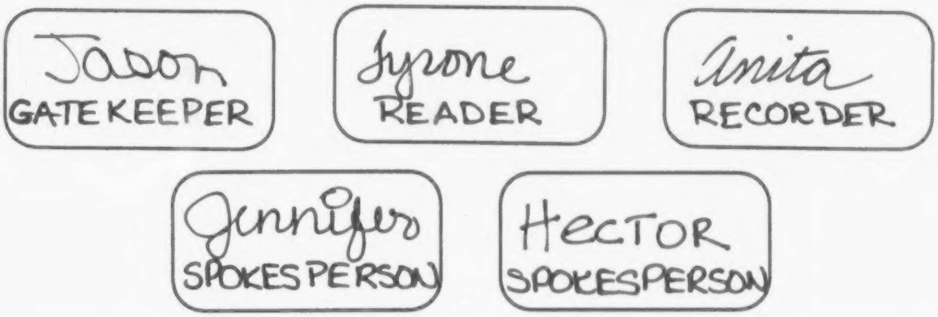
   Each group is the Board of Directors of a different adoption agency. Each Board of Directors needs:

   (1) a ***Reader*** (who will read the "Small Group Instructions" aloud to the group, reading a new task each time they finish a task),
   (2) a ***Recorder*** (who will write down the group's decisions),
   (3) a ***Gatekeeper*** (whose job it will be to see that everyone in the group gets a chance to speak), and
   (4) one or two ***Spokespersons***, who will report back to the whole class what their small group discussed.

   Write these job titles in the middle of the blackboard and allow the groups 2 minutes to make their selections. Then give each group the correct number of stick-on nametags, on which you have already written the titles ... all they have to add are their own first names. Thus, a small group will start, for example, with these:



and end up with these:



Hand each group one set of Small Group Instructions. Remind the *Reader* to read only one instruction aloud at a time. When that task is finished, he or she will read the next instruction. Give each group a large sheet of paper and a marking pen. Allow the groups six or eight minutes altogether, for discussion and some consensus. Reassure those who get stuck that unanimity on all points is neither possible nor desirable.

Call "time" and have the spokespersons report on their groups' decisions (explaining, too, any ***differences*** of opinion or commenting on how they reached ***consensus***, if they did).

Raise one or more of these questions for a brief discussion:

If your group said that "no history of alcohol or other drug problems" was a minimum qualification, does that mean a person who's been sober and straight for the last six years and is active in AA is ineligible to adopt through your agency?

If you listed "no police record," what exactly ought to disqualify a person? Can a person who shoplifted last year, adopt a child from you? What if it was ten years ago? What if the crime was assault?

If you ruled out people with physical disabilities, what about the paraplegic who goes camping, drives his or her own van, and loves kids? Is that person ineligible to adopt through you?

4. For the next part of the lesson, have people decide whether to work alone or with a partner. Explain:

Instead of working for an adoption agency, now imagine that you are birth parents: young men and women who are expecting babies within the next few weeks, or who have a baby less than a year old.

Suppose you have decided that the most loving thing you can do for your baby is to release it for adoption. You have decided on "open adoption" -- which means you'll go to an agency where you can choose your baby's family. You'll be shown files describing many of the families the agency has approved. You will have to decide which family is "best" for your baby.

You can assume that the agency has already screened out any families who didn't meet ***your*** *small group's "minimum -- triple-star -- criteria." As you read various families' files, what will you look for?*

On your Worksheet, put a ***single*** *star next to each item that* ***matters*** *to you ... each thing you would like to find in an adoptive family for your baby.*

You can ***double*** *star up to four items that matter a lot.*

And put an ***X*** *next to each factor that* ***doesn't matter*** *to you, that has nothing to do with being a good parent in your opinion ... or just isn't very important. You will not have to share all that you have written, if a particular belief feels too private.*

Allow about ten minutes.

5. Summarize the lesson's concepts (these questions are not to be answered aloud, just to provoke thought):

Not everybody is cut out to be a parent.

Are you? If you were choosing parents, would you choose yourself? If you don't feel you're qualified to be a good parent now, do you think you will be some day? Or are you one of those folks who ought to find other ways to contribute to the world?

Only you know yourself well enough to figure that out. Think about it tonight. Think about it again every few years. Remember that being a parent is one of the most important jobs in the world. Babies deserve to be planned; they deserve families that truly want them and are ready for them.

Finally, assign homework. The "Trip to the Planet Seibabon" can be used by a student as either an individual or a family assignment.

Small Group Instructions

SMALL GROUP INSTRUCTIONS

Your agency will have 25 infants to place in adoptive families this year. About 1,000 families will apply to adopt these infants, so only a few will actually get to adopt. Your staff will be interviewing all 1,000 families ... and deciding which families to approve ... which are "best" for the babies whose futures you hold in your hands. Only the families your staff approves will be listed for birth parents to choose from.

REMEMBER TO SHOW RESPECT FOR DIFFERENCES OF OPINION.

What are the minimum qualifications you want your staff to look for? Talk it over with the rest of your "staff."

1. ON THE LARGE PAPER, WITH MARKING PEN, LIST THE QUALIFICATIONS THAT ANYONE IN YOUR GROUP THINKS SHOULD BE REQUIRED OF EVERY ADOPTIVE FAMILY.

2. NOW, EACH OF YOU, PUT A STAR NEXT TO WHICHEVER ITEMS YOU THINK OUGHT TO BE REQUIRED.

   So, some items may only get one star ... if one of you wants to require them. Other items will get two stars, and so forth. Talk about it. Try to convince one another. Only items that get at least three stars will be required of every family that wants to adopt a baby from your agency.

3. EACH OF YOU, ON YOUR OWN PAPER, PUT THREE STARS NEXT TO THOSE SAME ITEMS (the ones that got three or more votes by your fellow Board members).

Family/Individual Homework Exercise: A Trip to the Planet Seibabon

DIRECTIONS: *You have two options ...*

TO DO THIS AS AN **INDIVIDUAL HOMEWORK EXERCISE**, READ THE STORY BELOW. THEN WRITE, OR MAKE A CASSETTE TAPE, OF YOUR ADVICE TO THE COMMITTEE. IF YOU DO THIS, IT'S DUE: ____________

IF YOU PREFER TO DO THIS AS A **FAMILY HOMEWORK EXERCISE**, READ AND DISCUSS THE STORY. THEN, TURN IN THE CONFIRMATION SLIP. IT'S DUE: ___________

THE STORY:

Hop in your Time-space ship ... buckle your seatbelt ... please extinguish all smoking materials ... prepare for take-off ...10 - 9 - 8 - 7 - 6 - 5 - 4 - 3 - 2 - 1 ... zzzzzzplat ... WELCOME TO THE YEAR 2688, AND THE PLANET ***SEIBABON***.

Seibabon is a planet very much like the planet Earth of the 20th Century. In fact, it is populated by humans whose ancestors lived on the planet Earth! It is exactly like Earth in all respects but one: the air has a contraceptive effect on all human inhabitants, male and female. It allows neither sperm nor eggs to mature.

As a result, ever since the planet was colonized, centuries ago, Seibabonites have had to "vacation" on Earth in order to have babies. (Of course, you can't stay on Earth *too* long; the pollution will kill you.) Since they've had to travel so far to reproduce, only the very rich, and people with connections, have been able to afford to have more than one or, at most, two children.

Just last week however, the FDA (Food and Drug Administration) of Seibabon approved a new prescription drug ... an antidote to the contraceptive effects of the atmosphere, the tasty new drug is called "Fertility Achievement Medicine In Lemon Yogurt" ("FAMILY" for short). The FDA has established a Reproduction Ethics Committee to decide who will be allowed to use the drug. (It will be in limited supply for a decade or more.)

The Committee has contacted you. It is said that you are a time traveller ... from the 20th Century, a time when, they say, anybody who wanted to ... and even people who *didn't* want to ... could have babies! The Committee wants your advice.

Homework (Trip to Seibabon), continued ...

CONSIDER:

How do **you** think the Committee should decide who gets the antidote?

Should there just be a lottery? Why or why not?

If not, which applicants should be allowed to have children?

Who should be turned down?

If you lived on Seibabon, would **you** be allowed to have children, according to your criteria?

What **are** the minimum qualifications, in your opinion, for the job of "parent"? What are the ideal qualifications?

FINALLY, ANSWER THIS AS A PARENT, IF YOU ARE ONE **OR** AS A POTENTIAL PARENT, IF YOU ARE NOT ONE AT THIS TIME:

What are your strengths and weaknesses (at this time in your life) as a parent?

FAMILY HOMEWORK CONFIRMATION SLIP

We have completed "Family Homework Exercise: A Trip to the Planet Seibabon".

Date: ____________________

student's signature: ____________________

adult's signature: ____________________

Planning-To-Parent Worksheet: Possible Qualification for the Job of "Parent"

Below are some possible qualifications for parenting. Each one is important to somebody. That doesn't mean each one is important to you. They have been listed in random order ... not in order of importance, because each person will believe in a different order. Think about ***what you believe.*** *Feel free to add your own criteria in the blanks or on the back.*

A. **CULTURE, RACE, RELIGION, BELIEFS,** for example:

___ 1. shares my beliefs about rules, bedtimes, etc., for example:
> believes in firm limit-setting
> believes in strict discipline
> believes in spontaneity and not-so-rigid-limits

___ 2. believes in the importance of hard work

___ 3. believes in the importance of looking good, stylish, fit

___ 4. shares my religious, moral beliefs, for example:
> believes a child needs a clear, solid religious foundation
> believes a child should be exposed to various faiths and choose his/her own

___ 5. shares the baby's culture and or ethnic background

___ 6. is the same race (or racial mix) that the baby is

___ 7. is open-minded (has friends of different races, religions, cultures, etc.)

___ 8. ______________________________

B. **NO HISTORY OF SERIOUS PROBLEMS,** for example:

___ 1. has no police record

___ 2. has no history of mental illness

___ 3. has no history of alcohol or other drug problems

___ 4. has no history as a child abuser (sexual,physical,emotional)

___ 5. ______________________________

C. **ENOUGH MONEY AND OTHER RESOURCES,** for example:

___ 1. has a steady income of at least $15,000/year

___ 2. has a steady income of at least $30,000/year and owns a car

___ 3. has a steady income of at least $45,000/year and owns a home and a car

___ 4. ______________________________

D. **STRONG RELATIONSHIP AND SUPPORT SYSTEM,** for example:

___ 1. stable family, for example:
> married for at least three years
> if single, is heterosexual
> if gay, have been a couple at least three years
> has another child or children already

___ 2. has extended family (grandparents, aunts, uncles)

___ 3. has a supportive circle of friends

___ 4. ______________________________

E. **MENTAL AND PHYSICAL HEALTH AND ABILITY,** for example:

___ 1. no physical disability

___ 2. if physically disabled, has considered how child would be cared for

Worksheet, continued ...

___ 3. no serious physical illnesses
___ 4. if ill, has considered how child would be cared for
___ 5. no evidence of current emotional problems
___ 6. is intelligent
___ 7. works out regularly, believes in physical fitness
___ 8. ______________________________

F. **PERSONAL, PROFESSIONAL AND EDUCATIONAL SITUATION, RESPONSIBILITES AND PLANS,** for example:

___ 1. has a full life with many interests, wouldn't need child to be center of world, would model independence
___ 2. enjoys home, would have a family-centered life, would model family interdependence
___ 3. is active in the community (volunteers, votes, would join PTA, coach a team, etc.)
___ 4. has enough time for a child, for example:
> one stay-at-home parent
> parent(s) work outside the home, but at least one gets home fairly early and would take family vacations
___ 5. has enough education, for example:
> at least finished high school
> at least 2 years of college
> at least 4 years of college
___ 6. ______________________________

G. **PARENTING SKILLS, INTERESTS,** for example:

___ 1. likes infants a lot
___ 2. likes toddlers a lot
___ 3. likes young children a lot
___ 4. likes teens a lot
___ 5. enjoys playing, silliness, roughhousing, doesn't take self too seriously
___ 6. enjoys serious discussion, would explain the world, would encourage a child's questions
___ 7. respects kids as people, would listen to them
___ 8. enjoys reading
___ 9. enjoys music
___ 10.enjoys camping or other outdoor recreation or sports
___ 11.enjoys fix-up, carpentry, home-repair puttering
___ 12.______________________________

H. **RIGHT (BEST) AGE, PERSONALITY AND MATURITY,** for example:

___ 1. teens or early twenties
___ 2. late twenties
___ 3. thirties
___ 4. has mastered many adult skills (held down a job,'purchased an appliance, shopped for health insurance, balanced a checkbook, etc.)
___ 5. has good self-esteem, is confident
___ 6. has a lot of patience, flexibility
___ 7. is mature enough to put a child's needs first much of the time
___ 8. ______________________________

Lesson Plan 19

Un-Planned Pregnancy

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Distinguish among the legal and illegal alternatives people have when facing unplanned pregnancies.
2. Describe reasons some people *choose* each alternative, and reasons others *decide against* each one.
3. Describe 4 things a friend could do to support someone facing unplanned pregnancy.

MATERIALS NEEDED:

PHOTOCOPIES
One per student of ...
   UN-planned Pregnancy Worksheet
   Pregnancy Resource List *
   Family Homework Exercise:
      UN-planned Pregnancy
   Individual Homework Exercise:
      UN-planned Pregnancy
One class set of ...
   Poem: *Pregnant by Chance*
A single copy of ...
   Helping-a-friend Cards A-F
Two copies of ...
   Assignment Slips

TIME NEEDED:
one class period

* If you live outside King County (WA) compile *local* third page for the Pregnancy Resource List before photocopying. We have provided a generic second page for those outside King County and some advice (see activity 4).

AGENDA:

1. Explain the lesson's purpose and reestablish the vital importance of ground rules.

2. Have the class brainstorm alternatives a person has when facing a "chance pregnancy" and use the UN-planned Pregnancy Worksheet and small groups to examine the issues.

3. As the small groups report, discuss and clarify.

4. Hand out and discuss the Pregnancy Resource List.

5. Use the poem *Pregnant by Chance* or, if time allows, use the Helping-a-friend Cards and focused writing to introduce the concept of support skills.

6. Assign homework.

ACTIVITIES:

1. Explain this lesson's relevance to what has come before:

   We've been talking about planned pregnancies. We all know that sometimes, too, people face ***un****planned or "chance" pregnancies. Today we'll be studying what people do when they -- or their partner -- become pregnant by chance.*

   Explain that it is NOT the lesson's purpose to: debate, judge, or criticize people's decisions nor to even get students to express their beliefs.

   Explain that it IS the lesson's purpose to: help people *appreciate the pain* involved in facing a "chance pregnancy" regardless of how one decides to handle it ... and to help them *think about their own beliefs* and feelings ... and to help them *consider how they might be able to help a close friend or family member* to cope with such a situation.

   In order to emphasize the vital importance of ground rules, today more so than most days, ask them specifically to be ***"super-careful"*** of one another's feelings ... because (tell them this) you know that there are most likely people in this class:

   who have been faced with an unplanned pregnancy (their own ***or*** *their partner's),*
   or who were adopted ***or*** *love someone who was* ***or*** *who have placed a baby for adoption,*
   or who were unplanned (themselves) ***or*** *love someone who raised an unplanned child,*
   or who have had an abortion ***or*** *love someone who has, etc.*

   Clarify that it is ***not*** necessary to know ***who*** any of those folks is .. but that you hope people will keep in mind that they are among you and that it is critical to respect their feelings. On a subject like this one, emotions can run high. Explain that:

   OUR JOB TODAY IS TO UNDERSTAND PEOPLE'S FEELINGS AND THEIR DECISIONS, NOT TO EXPRESS AGREEMENT OR DISAGREEMENT WITH THEM.

2. Ask the class to brainstorm all the different alternatives a person (male or female) has, legal or not, when facing an unplanned pregnancy. Assure them that they need not think an option is "good" in order to contribute it. As they call out options, you jot them on the blackboard. You'll end up with something like this:

   place the baby for adoption
   abandon the baby (split, run away)
   place the baby in foster care
   raise the baby (alone, together)
   try to cause a miscarriage (for example, beat up partner)
   have grandparents or another family member raise the baby
   commit suicide
   have an abortion
   sell the baby
   commit infanticide

The point of this brainstorm is not to imply that all these alternatives are good ones. The point is to establish a tone of sobriety ... to ensure that the remainder of the lesson will be a serious, compassionate discussion of people's decisions about this painful issue.

Hand out the UN-planned Pregnancy Worksheet and have students begin by, individually, trying to identify the alternatives as "illegal" or "legal." Have them report aloud to ensure that everyone has the correct answers.

Divide the class into groups of 2 to 4 persons. You will need at least 6 groups. One person can record the group's answers on his or her own copy of the Worksheet, with each person initialing his or her own contributions. Arbitrarily, give each group an Assignment Slip, so students will have to examine options they might choose otherwise to avoid thinking about.

You will have groups listing "all the reasons a person might choose ..." and "all the reasons a person might *not* choose ..."

to raise the baby
having a family member raise the baby
to do something illegal
(temporary) foster care
abortion
adoption

Allow them 10 minutes to list as many reasons as possible (at *least* 6 why people sometimes choose [the option] and at least 6 why others decide against [the option]). Helpful hints for groups:

Think about why a teen might choose that option.
Think about why an adult might choose it.
Remember that you don't have to agree with their reasons; you just want to try to understand them.
Ask yourselves why a single person might choose that option.
Ask yourselves why a married person might choose that option.
Think about whether a man might have different reasons than a woman for choosing this option.
Try to imagine being the person.

You may have to remind some groups of the ground rules, if they suggest put-downs as an explanation for a person's choice ... *"because he/she is immoral/stupid/etc."*

3. At the end of 10 minutes, offer the groups a choice: they can choose a spokesperson to read their list aloud *or* hand it in and you will read it for them. As each report is read, you can affirm and elaborate on it and clarify any misinformation. Your jobs are: **(a) to encourage understanding and compassion** for the person making the decision, **(b) to provide information** and, especially, **(c) to inject a sense of reality: to make the options seem neither as easy nor as romantic** as they may have before.

IMPORTANT: See Appendix D for help expressing the issues in as even-handed and accurate a way as possible. In the Appendix, the term "they" refers to a woman, girl, man, boy or couple ...

whomever is facing a pregnancy. It should be mentioned to the class, though, that a guy is fairly powerless (legally) when he faces an unplanned pregnancy ... No matter what he wants, and regardless of her age and marital status, his partner makes the final decision. If they have a caring relationship, we hope she will **consider** his feelings and beliefs, but the law says she must make the decision, in the end. And if she chooses to have and raise the baby, the law says he has to help support it ... even if he would have preferred another alternative.

Take care not to express agreement or disagreement with any of the legal alternatives, for example ...

REASON CITED:	YOU MIGHT SAY:
"because their friends say they should."	*"Many people **do** say that was their reason."*
"because they believe the other choices are wrong."	*"Good point. It could be their religion or 'just' their personal ethics."*
"because their parents would kill them if they knew."	*"Mm-hmm. It's usually not true that their parents would actually kill them ... most parents recover from their shock and anger to be supportive of their kids ... but if they **think** their parents would kill them, they may be afraid."*
"because he can't get along with the baby's mother."	*"Yes, that one's a common reason for guys' abandoning their babies ... and they don't always **realize** that they can have close relationships with their child-regardless of their feelings toward the mother. They don't usually mean to hurt the child.*

Mention that all parents feel overwhelmed at times; some just don't realize that there are friends, family members, or agencies available if they need to talk. In most areas, they could call a crisis clinic 24 hours a day, seven days a week.

4. Hand out the Pregnancy Resource List. Read it aloud or, if time is short, explain it.

NOTE: Pages two and three are specific to the Seattle area. Thus, if you live outside of King County, Washington, you will use the **generic** second page which follow the others in this notebook, and you will make up a ***local*** third page for your Pregnancy Resource List in advance. For help with this, contact your local United Way, Planned Parenthood, Catholic Community Services, County Health

Department, etc. or look in the Yellow Pages under *social services, physicians (ob/gyn), abortion, adoption, family planning,* and *counseling.*

> **Make sure to include programs which provide a variety of services and viewpoints ... and identify BOTH (their services and, if applicable, their philosophy).** For example, *"They support all options"* or *"Their focus is adoption, but they will refer for abortion"* or *"They oppose abortion"* or *"Their sensitivity varies"* and so on.

5. Use the poem *"Pregnant by Chance"* to introduce the concept that supportive friends and family make a ***big*** difference to teens (or anyone) involved in a pregnancy crisis. It helps if each person has his/her own copy on which to follow along. Read the poem aloud or have a volunteer do so. These questions can spark discussion:

   How would the guy's needs differ from the girl's?
   What kinds of support might she need if there were no guy in the picture?
   What can a professional counselor provide that family and friends can't?
   What can family and friends offer that a professional can't?

   Alternately, use the Helping-a-friend Cards to address the role of a friend. Here's how: Have everybody get out a sheet of notebook paper. Ask the class to imagine that you (the teacher) are a friend of theirs who is facing an unplanned pregnancy. (This works regardless of your gender; some of the examples will be a male friend -- whose partner is pregnant -- and others, a female friend.)

   Starting with Helping-a-friend Card A, read the statement of the "friend in trouble" aloud. Ask everybody to write, on their notebook paper, what they would say to you, if you were their friend. Allow two minutes for writing. (If time allows, have one or two volunteers read their responses aloud.) Then you read our suggested response (on the Card) aloud.

   After Card A, explain that, no matter what this person ends up doing, it's important to get a pregnancy test as soon as possible. If she decides on abortion, the safest and least expensive time to have one is in the first trimester. And if she carries the pregnancy to term, the sooner she starts getting prenatal care, the better ... for ***her*** health, as well as the baby's.

   Repeat the process with Cards B through F.

   After Card D, you may want to explain that giving advice, tempting as it may be, is not as helpful as getting your friend to express his or her ***own*** beliefs and feelings. Otherwise, when your friend feels sadness afterwards (and they probably will to some extent, regardless of their actual choice), they'll always wonder if they truly decided for themselves.

Reiterate that, *with all the legal choices (and with suicidal feelings),* ***there are professional people willing to help ...*** *no matter how confused, scared, poor, or young the person or couple is.*

Summarize the lesson:

I can't tell you what, specifically, is the best alternative for a particular person or couple in a particular situation. ***I do hope everybody*** *concludes these things:*

>> that none of the alternatives is painless ... and every one involves some kind of loss.

>> that none is easy.

>> that none is "fun" or romantic.

Since all the alternatives are ***extremely*** *difficult, it seems far better to avoid a pregnancy crisis in the first place, whenever possible. It isn't always possible, of course -- people get raped, contraceptives fail -- but it is preferable. That is why, starting tomorrow, we'll study how people* ***reduce*** *the risk of chance pregnancies ... we'll study birth control.*

Let's hear it for ***planned*** *pregnancies !* ***Babies are too important to happen by chance !***

6. Assign homework. Possible assignments include:

> the Family Homework Exercise: UN-planned Pregnancy,

> the Individual Homework Exercise: UN-planned Pregnancy,

> a book review of at least one book on the Pregnancy Resource List.

Un-Planned Pregnancy Worksheet

NAMES OF THE PEOPLE COMPLETING THIS WORKSHEET: PERIOD: ______

______

______

______

______

Sometimes a woman or girl becomes pregnant without planning to. Sometimes a man or boy has to face his partner's unplanned pregnancy. When the woman or couple first *suspect* the pregnancy, they may do several of the following:

> talk with one another,
> talk with trusted friends, family members, clergy, a pregnancy counselor
> have a doctor or nurse practitioner do a urine test and a pelvic exam to find out if the woman really is pregnant
> ask a lot of questions to learn the facts about the alternatives
> cry (for joy, sadness or both), go for long walks, or write themselves long letters

1. Then, they may decide to do one of the following:
   DIRECTIONS: Put the alternatives in the correct column.

LEGAL ALTERNATIVES PEOPLE SOMETIMES CHOOSE:	ILLEGAL ALTERNATIVES PEOPLE SOMETIMES CHOOSE:
______	______
______	______
______	______
______	______
______	______

Our group will look at peoples decisions regarding ______, even though we might not agree with them.

****

2. DIRECTIONS: Write as many reasons as you can think of, why a person **might choose** that alternative.

... *because* ______

... *because* ______

... *because* ______

... *because*

... *because*

... *because*

... *because*

... *because*

... *because*

... *because*

3. DIRECTIONS: Write as many reasons as you can think of, why another person ***might decide against*** that alternative.

... *because*

... *because*

... *because*

... *because*

... *because*

... *because*

... *because*

... *because*

... *because*

... *because*

Pregnancy Resource List

YOU MAY WANT TO TRY THESE BOOKS AND BOOKLETS:

Some of these may be available ***free*** at the Public Library or your high school library. Others are available in bookstores. For a couple of them, we have explained where else you might write for copies. Prices may have changed since this was written.

Abortion: A Guide to Making Ethical Choices .... (pro-choice) *
Authors: Maguire and Maguire Approximate cost: $3.50
Available from: Catholics For A Free Choice
2008 Seventeenth Street, Northwest
Washington, D.C. 20009
(202) 638-1706
Or from your local Planned Parenthood Bookstore

Abortion: Questions and Answers .... (pro-life) *
Author: Wilke Approximate cost: $2.50
Available from: National Right-to-Life
Education Foundation, Suite 500
419 Seventh Street, Northwest
Washington, D.C. 20004
(202) 626-8800
Or from your local Human Life Office

Dear Birthmother, Authors: Silber and Speedlin ...... (pro-adoption) *

"Forgotten Fathers" .... (pro-life) *
20 cents at your local Human Life office
or call (202) 626-8800

"If She is Pregnant: Men and Unplanned Pregnancy" ... (pro-choice) *
25 cents at your local Planned Parenthood bookstore
or call (206) 339-3392

"The Adoption Option: Is It for You?" .... (pro-adoption) *
free at your local Public Health Family Planning Clinic
or call (612) 944-0866

Mom, I'm Pregnant, Authors: Witt and Michael . (discusses all options)

Pregnant Too Soon, Adoption is an Option,
Author: Lindsay .... (discusses mostly adoption)

* People who call themselves **"pro-choice"** usually support the right to choose any legal option, in accordance with one's own ethical beliefs. People who call themselves **"pro-life"** generally believe that abortion is always wrong, that it is killing. Those who consider themselves **"pro-adoption"** believe that adoption is often the most ethical choice."

*Resource List *, continued ...*

Teenage Marriage: Coping with Reality,
Author: Lindsay .... (discusses mostly teen marriage)

Teens Parenting: The Challenge of Babies and Toddlers,
Author: Lindsay .... (discusses raising the baby)

Under Eighteen and Pregnant,
Authors: Kramer and Willis .... (discusses all options)

Your Choice, Author: Hansen .... (discusses all options)

SOME DAY YOU MAY NEED HELP WITH:

A. finding out whether you (or your wife or girlfiend) are pregnant
B. deciding what to do about a chance pregnancy (without people giving you advice or telling you what to do)
C. getting prenatal care
D. getting an abortion
E. placing a baby for adoption
F. arranging for foster care
G. getting financial help
H. arranging for a place to live if you can't live at home
I. maternity clothes, baby clothes, baby furniture, etc.
J. food for you during the pregnancy, formula
K. talking with your family about a pregnancy crisis
L. figuring out how to help a friend or family member through a pregnancy crisis, and afterwards
M. healing, emotionally, from a pregnancy crisis
N. understanding chance pregnancy

BESIDES READING, YOU MAY FIND SOME AGENCIES HELPFUL:

The letters in parentheses tell you which things -- from the services mentioned on the first page of this Resource List -- each agency can help you with. Capital letters are for services they can provide directly. Lower case letters show things for which they can refer.

For **MEDICAL HELP** in the Seattle area:

Group Health Cooperative (A,B,C,D,K,N) 326-3000
For members only. Their sensitivity may vary from doctor to doctor. Some plans cover abortion and/or prenatal care and delivery. A teen needs to ***ask*** whether her family's coverage includes those services.

Health Department Family Planning (A,B,C,d,e,f,G,J,N) 296-4772
They support all options. They do pregnancy tests, provide prenatal care, and "WIC" coupons (free food for low-income women who are pregnant or who have recently given birth), and refer for abortion, adoption and other needs.

* Model copy, for use in King County (WA).

*Resource List *, continued ...*

Planned Parenthood (A,B,c,D,e,f,G,h,K,L,M,N) 328-7700
They do pregnancy tests and *support all options*. They can also help a couple or family communicate about the pregnancy.

U.W. Adolescent Clinic (A,B,C,d,e,f,g,K,L,M,N) 543-3453
They *help* teens age 16 and younger *with all options*. They can provide prenatal care and delivery (at University Hospital).

Many ***family doctors*** and most **"community clinics"** can help with pregnancy testing and *referral for all options*. (e.g., Aradia, Auburn, Bothell-Woodinville, Carolyn Downs, Country Doctor, Eastside, 45th Street, Georgetown, Highpoint, Holly Park, International District, Kent, Maple Valley, Millionaire's Club, Odessa Brown, Pike Market, Pioneer Square, Rainier Vista, Sea-Mar, Seattle Indian Health Board).

For **COUNSELING** and **OTHER KINDS OF HELP** in the Seattle area:

Children's Home Society (B,H,I,J,K,L,M,N) 524-6020
They can provide housing for pregnant teens. They also provide a birth parent (*post-adoption*) *support* group.

Crisis Pregnancy Center (c,e,f,g,H,I,j) 367-2222
They can do urine pregnancy tests, but not pelvic exams (they don't have any medical staff), so we do not recommend them for pregnancy testing. They *oppose abortion*. They can *help* teens who have decided on *other options*.

Medina Children's Services (a,B,c,E,f,g,h,i,j,K,L,M,N) 324-9470
Their *focus is adoption* and helping teens who plan to *raise the baby*. They provide counselors to the TAPP program, a Seattle Public School for pregnant and parenting teens.

Options for Pregnancy (a,c,E,f,g,h,i,j,k,L,M,N) 1-800-732-1887
Their *focus is adoption;* they can help teens who plan to *raise the baby*, too. They don't refer for abortion. A counselor can meet the teen(s) at her/their home or someplace else they choose, so they don't have to go somewhere unfamiliar.

Sex Information Line (a,B,c,d,e,f,g,h,i,j,K,L,M,N) 328-7711
They *support all options*. They provide information, counseling and referral.

University YWCA (K,L,M) 632-4747
They provide a *post-abortion support* group.

Also, most ***religious institutions*** provide pregnancy counseling and assistance with *some options*. (e.g., Catholic Community Services, Lutheran Social Services, Jewish Family Services ... Call your own church, synagogue or mosque, if you belong to one.)

* Model copy, for use in King County (WA).

*Resource List *, continued ...*

Teenage Marriage: Coping with Reality,
Author: Lindsay .... (discusses mostly teen marriage)

Teens Parenting: The Challenge of Babies and Toddlers,
Author: Lindsay .... (discusses raising the baby)

Under Eighteen and Pregnant,
Authors: Kramer and Willis .... (discusses all options)

Your Choice, Author: Hansen .... (discusses all options)

SOME DAY YOU MAY NEED HELP WITH:

A. finding out whether you (or your wife or girlfiend) are pregnant
B. deciding what to do about a chance pregnancy (without people giving you advice or telling you what to do)
C. getting prenatal care
D. getting an abortion
E. placing a baby for adoption
F. arranging for foster care
G. getting financial help
H. arranging for a place to live if you can't live at home
I. maternity clothes, baby clothes, baby furniture, etc.
J. food for you during the pregnancy, formula
K. talking with your family about a pregnancy crisis
L. figuring out how to help a friend or family member through a pregnancy crisis, and afterwards
M. healing, emotionally, from a pregnancy crisis
N. understanding chance pregnancy

BESIDES READING, YOU MAY FIND SOME AGENCIES HELPFUL:

Many ***family doctors*** and most ***"community clinics"*** can help with pregnancy testing and *referral for all options*. Also, most ***religious institutions*** provide pregnancy counseling and assistance with *some options*. There are also some ***local agencies*** you may some day find helpful. They are listed below.

The letters in parentheses tell you which things -- from the services mentioned on the first page of this Resource List -- each agency can help you with. Capital letters are for services they can provide directly. Lower case letters show things for which they can refer.

IN OUR LOCAL AREA:

* Master copy, on which teachers outside King County (WA) can list their ***local*** resources.

PREGNANT BY CHANCE

Mom, Dad, Grandma ... my best friend,

I need you more now
than ever before.

If you love me,
hear me.

You could help me ***SO MUCH*** by:

listening.
nor criticizing or blaming me ... or him (we are already
doing plenty of that).
asking him how he feels, what he believes, and what he
needs right now.
asking me how ***I*** feel, what ***I*** believe, and what ***I*** need to
know to make my decision.
not critizing or blaming me or him (it can't do any
good now).

reminding us that we're good and worthwhile people.
not criticizing or blaming either of us.

helping me find where to go for a pregnancy test,
because the earlier I get one the better,
no matter what I decide to do.
not criticizing either of us.

offering to go with me to get a pregnancy test, if he can't,
(maybe even holding my hand during the exam).
not criticizing either of us.

helping us write down questions we want to ask
the doctor ... so we won't forget them
(maybe we'll even want you to do the asking
if we're both too upset).
not blaming either of us.

helping us to talk to ***one another;***
helping us to listen to ***one another.***
putting your arms around us and not necessarily saying
anything at all.

I need you more now, than ever before.

If you love me, hear me.

anonymous

Helping-A-Friend Cards

HELPING-A-FRIEND
CARD A:

SUPPOSE YOUR FRIEND (WHO THOUGHT SHE WAS PREGNANT) SAID,

"I'm scared. I'm afraid to go to the doctor. But maybe I'm not pregnant. I haven't missed my period ... I'm just throwing up all the time and napping every day. Maybe it's just the flu."

WHAT COULD YOU SAY TO YOUR FRIEND ?

HOW ABOUT SAYING, "It ***could*** be the flu ... but if you've had intercourse, you and I both know those could be signs of pregnancy. Please don't bury your head in the sand and hope you're not pregnant."

"I know you're scared. I would be, too. I'll help you any way I can. How about if I look up the phone number and go with you for a pregnancy test? I'll even hold your hand during the exam, if you want me to."

HELPING-A-FRIEND
CARD B:

SUPPOSE YOUR FRIEND (WHO KNEW SHE WAS PREGNANT) SAID,

"I'm so angry at my boyfriend! I can't believe he did this to me. I'm never speaking to him again."

WHAT COULD YOU SAY TO YOUR FRIEND ?

HOW ABOUT SAYING, "You sound really furious. You must be feeling pretty overwhelmed, too. You've gotta feel whatever you feel; I can't tell you not to."

"I need to say ... I don't think blaming anybody ***(him or yourself)*** is very helpful now. You were both there when it happened, and maybe you even took precautions to ***keep*** it from happening, but what's done is done. Blaming him won't help."

"He might really be able to support, comfort, and help you out at a time like this ... if you could let him. I'd be glad to help you *practice* talking with him, if you wanted me to. I care about you both a lot."

HELPING-A-FRIEND
CARD C:

SUPPOSE YOUR FRIEND (WHOSE GIRLFRIEND WAS UNEXPECTEDLY PREGNANT) SAID,

"If only I had used a condom ... or at least pulled out sooner. I could kill myself for doing this to her ... and to me. Now I'll have to drop out of school and get a job."

WHAT COULD YOU SAY TO YOUR FRIEND ?

HOW ABOUT SAYING, "Listen, man. Don't dump on yourself. Sure it would have been smart to use condoms or some other birth control, but you can't go back and change things by kicking yourself. It took two people to start this pregnancy ... but what good does it do to blame anybody, now?"

"Killing yourself is a lousy idea. And I don't think dropping out of school is your only other choice. I can help you find a pregnancy counselor, if you want."

"You've gotta talk to somebody, man. You need more help than I can give. Just remember, I'll be there for you no matter what."

HELPING-A-FRIEND
CARD D:

SUPPOSE YOUR FRIENDS (A MARRIED COUPLE WITH A ONE YEAR OLD, BOTH UNEMPLOYED AT THE MOMENT AND FACING A SECOND PREGNANCY) SAID,

"What do you think we should do?"

WHAT COULD YOU SAY TO YOUR FRIEND ?

HOW ABOUT SAYING, "I can't tell you what's best for you. I can hold you both while you cry. I can listen while the two of you talk. I can help you listen to each **other**. I can even help you write down all your questions, so you won't forget them when you go to the Clinic ... but you guys have to make the decision for yourselves."

HELPING-A-FRIEND
CARD E:

SUPPOSE A FRIEND (MALE OR FEMALE, FACING AN UNPLANNED PREGNANCY) SAID,

"I can't deal with this. Let's get high. You got any money?"

WHAT COULD YOU SAY TO YOUR FRIEND ?

HOW ABOUT SAYING, "I know you're freakin' out, right now. This is probably the toughest thing you've ever had to deal with. Y'know, I love you. You've been there for me when my life was awful before ... and I'd do ***almost anything*** I could do to help you now. Getting you high wouldn't be helping, though." *

"Listen, if you need to get your mind off the pregnancy for a while, we can talk about it later. Let's go down to the mall. I'll buy you that tape you're always borrowing."

* IF YOUR FRIEND WERE FEMALE YOU MIGHT ADD, "Getting high might even hurt. What if you decide to have this baby? Getting high now could give your baby a birth defect!"

HELPING-A-FRIEND
CARD F:

SUPPOSE A FRIEND (MALE OR FEMALE, FACING AN UNPLANNED PREGNANCY) SAID,

"I can't go to the doctor! [or ***She can't go to the doctor***] ***If my parents find out they'll kill me."***

WHAT COULD YOU SAY TO YOUR FRIEND ?

HOW ABOUT SAYING, "You sound real scared. I can't tell you what your parents will do; you know them better than I do. If *I* were your parents, I suppose I'd be sad and I guess I'd be angry, too (I would probably wish you had waited) ... but I'd be a ***whole*** lot more worried about you than I would be angry. After I yelled a bit, I think I would hug you tight; I would want to give you 100% of my love and support! Anyhow, as I said, you have to decide for yourself whether it's safe to tell them. I'd go with you when you told them, if you wanted."

"Either way, it shouldn't stop you guys from going to the doctor. You can call first and find out if they will tell your parents. The law says that doctors and clinics ***can*** protect teens' privacy. You may have to pay cash, so they won't bill your parents' insurance for the pregnancy test ... but some places don't charge anyway. And it's ***real*** important to get that test."

Assignment Slips

Your group will examine ADOPTION. Write ***adoption*** in the blank on your Worksheet (just above the asterisks).

Your group will examine RAISING THE BABY. Write ***raising the baby*** in the blank on your Worksheet (just above the asterisks).

Your group will examine ABORTION. Write ***abortion*** in the blank on your Worksheet (just above the asterisks).

Your group will examine HAVING A FAMILY MEMBER RAISE THE BABY. Write that in the blank on your Worksheet (just above the asterisks).

Your group will examine FOSTER CARE. Write ***foster care*** in the blank on your Worksheet (just above the asterisks).

Your group will examine THE ILLEGAL ALTERNATIVES. Write ***illegal alternatives*** in the blank on your Worksheet (just above the asterisks).

Family Homework Exercise: Un-Planned Pregnancy

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

PURPOSE:

Once again, this is a chance to share with one another some of your feelings and beliefs ... and the beliefs of your religion and culture. If you disagree with one another, we hope you will practice trying to understand and respect the other person's position.

READ THIS ALOUD TOGETHER: Today the class discussed unplanned pregnancy. We talked about *how people feel* when they think they (or their partner) may be unintentionally pregnant. We talked about *why people make the choices they make*. We looked at *what the family and friends of the couple can do* to help. Now you will look at the laws ... and your beliefs about them. **EACH TIME YOU COME TO A QUESTION, STOP READING, AND ASK ONE ANOTHER.**

ABORTION

The Supreme Court says that the U.S. Constitution protects a woman's right to privacy ... that only she, with her doctor's help, can decide whether to continue or end a pregnancy.

Do you agree that the law should leave the decision up to each woman? Why or why not?

What if her boyfriend or husband disagrees? Should he be allowed to stop her from having an abortion? Should he be allowed to make her have one if she prefers to continue the pregnancy? Should they argue the decision before a judge, who then decides ***for*** *them?*

What if she's a ***young*** *woman, under 18 years of age. Should she still be the one to make the decision? What if her parents disagree?*

ADOPTION

A woman also makes the decision to release her child for adoption. If the father is known, he must also release the child, before it can be adopted.

If a single woman wanted to place the baby for adoption and the father disagreed, should he be given custody? Should she have to pay child support? Suppose it's the other way around ... ***he*** *wants to place the baby and* ***she*** *says, "No." Should he still have to pay child support? What are the baby's rights?*

Should she be allowed to sign the papers (releasing the baby for adoption) before the birth, or should she have to wait until the baby is born? Why or why not?

CHILD SUPPORT AND VISITATION

The laws vary from state to state, and judges have to *interpret* the law in each case, anyway. There *is* a very accurate blood test, available all over the country, to determine who the father is (if there's a question). There is also a network among law enforcement agencies to track down parents who don't support their children ... even those who leave the state.

Suppose a father wants to spend time with his child and the mother refuses. Should he have to prove that he has provided financial support in order to see his child? What would be the best solution ***for the child ?***

FOSTER CARE

Again, laws vary. Generally, a parent can place a child in foster care for an unlimited time ... until he or she is better able to care for the child.

Should there be a limit on how long a child can be in foster care, before she or he will be able to be adopted? If so, what should the limit be and why? If not, why not?

FINALLY:

Take some time to explain some of the *other* person's opinions *back to her or him* ... to see whether you really did understand what the other person said. If not, try again, until the person can honestly say, "Yes, that *is* what I believe. That *is* how I would feel if I were in that situation."

FOR FULL CREDIT, THIS EXERCISE IS DUE: ___________
IF YOU WANT CREDIT, SIMPLY TURN IN THE SLIP, BELOW.

FAMILY HOMEWORK CONFIRMATION SLIP

We have completed "Family Homework Exercise: UN-Planned Pregnancy".

Date: ______________________

student's signature: ______________________________

adult's signature: ______________________________

Individual Homework Exercise: Un-Planned Pregnancy

NAME ______________________________ PERIOD __________

(1) Find an article or an editorial in a newspaper or magazine about one of the following:

ABORTION   ADOPTION   CHILD SUPPORT

VISITATION   FOSTER CARE

(2) Write a "letter to the editor" about the article or editorial.

You can simply thank her or him for having published it, and explain *why you think such news coverage is so important.*

You can *agree or disagree with something someone is quoted as saying.*

You can explain *why you think a law mentioned in the article should be changed or why it shouldn't.*

You can argue about *the way the article was written* (if it seemed biased to you) *or about the editor's opinion* (if it was an editorial).

(3) Be sure to include your name, address and phone number in the letter (otherwise they won't publish it) ... you can always ask them not to *print* your name, if they do publish your letter.

(4) Attach a copy of the article and a copy of your letter to this page and turn it in for credit. You can get credit for mailing it in, whether or not it gets published.

(5) Fill in this information:

HEADLINE: ______________________________

NEWSPAPER/MAGAZINE: ______________________________

DATE OF PUBLICATION: ____________________

DATE YOU MAILED YOUR LETTER TO THE EDITOR: ____________________

Lesson Plan 20

Contraception

Day 1:

Overview

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Identify and spell at least ten of the fourteen methods of contraception currently available.
2. Name 3 of the 6 most effective.
3. Distinguish among those which work as barriers, those which are spermicides, and those which work in other ways.

MATERIALS NEEDED:

PHOTOCOPIES
One per student of ...
   Contraceptive Worksheets 1 and 2
One class set of ...
   Contraceptive Reference Sheets 1 and 2
One transparent set of ...
   Contraceptive Transparencies 1-9 *

A SET OF CONTRACEPTIVE METHODS *

TIME NEEDED:
one class period

* You'll need ***either*** Transparencies 1-9 ***or*** the set of methods (may be available at Planned Parenthood; see activity 2 for details).

AGENDA:

1. Explain the lesson's purpose and relevance.
2. Use Contraceptive Worksheet 1 and Contraceptive Reference Sheet 1 ... with ***either*** a set of contraceptives ***or*** Transparencies 1-9 to introduce the methods.
3. Use Reference Sheet 2; have the class complete Worksheet 2.
4. Summarize and explain the next few lessons.
5. Remind class about upcoming Field Trip Reports.

ACTIVITIES:

1. Explain the lesson's relevance. You are doing these few lessons on contraception, tell the class, for three reasons:

   > *because the odds are that* ***some*** *people in this class are now or will be, within the next few years, having intercourse * ... and they need to know how to reduce the risk of un-planned pregnancy,*

   > *because the odds are that* ***most*** *people in this class will,* ***some day*** *decide to have intercourse (whether at age 15 or age 35) ... and may want to choose whether, when, and how many children to have ... and they, too, need to know about birth control,*

   > *and because I want you all to be able to act as health educators for your friends and families.*

2. Hand out Contraceptive Worksheet 1. Give the class a few minutes to try filling it out.

   Then, ask the class what the first picture represents. Show them the method, one of two ways:

   > show them the actual devices (including a sympto-thermal graph/chart for *fertility awareness*, and index cards that say "NO" for *abstinence*, "2" for *combining two methods*, and "pull out" for *withdrawal*), ***or***

   > show them Contraceptive Transparencies 1-9.

   Briefly explain the method, one of two ways:

   > hand out Reference Sheet 1 and have volunteers read it aloud, ***or***

   > explain, yourself, *how* the method reduces the risk of pregnancy and how it is used correctly. (The reading level of the Reference Sheet is fairly sophisticated; if your class has many "reluctant readers", this will be the better alternative.)

   For item 14, explain that the "2" on the Worksheet stands for TWO METHODS. Couples often combine condoms ***with*** spermicide (foam, gel, sponge, film) for extra protection ... or sometimes two other methods (e.g., fertility awareness plus spermicide).

3. Hand out Contraceptive Worksheet 2 and Contraceptive Reference Sheet 2. Explain that:

   Your first job is to list the methods in the first column ***in order of their effectiveness ...*** *with the* ***most*** *effective method first and so on. When two or more methods tie, you can list either one first.*

   Help the class interpret the graph on the Reference Sheet, until they've listed all fourteen methods. After abstinence, the next most effective method is sterilization, but sterilization is not perfect ... that's why we added the word "probably" next to the zero pregnancies. The actual likelihood of a pregnancy following sterilization is one in several ***hundred*** couples per year.

It is important to mention that the numbers on the Reference Sheet are by no means cast in stone. These rates of pregnancy are based on studies of thousands of regular people, not on laboratory tests or theoritical possibilities, but on real individuals who were no more highly trained or motivated than anyone else. Some of them probably occasionally "forgot" or didn't bother to use their method; some probably didn't know quite how to use it properly. Every person or couple who uses a method can improve upon the odds by using it correctly, consistently and cooperatively.

The reason we listed the failure rate of the sponge as "6 or 9" is that it is closer to 6 for women who have never had a pregnancy (whose cervixes are more tightly closed) and closer to 9 -- significantly less effective -- for women who ***have*** had a pregnancy.

Once everyone has listed all fourteen methods on the Worksheet, allow them a few minutes to work individually, completing the right-hand columns. Collect the Worksheet.

4. Summarize today's lesson and explain the purpose of tomorrow's:

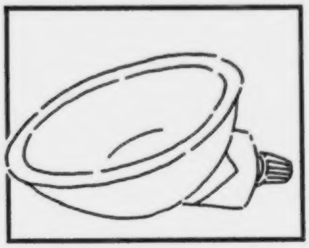
   Today we began studying contraceptives. We examined (1) what each method ***looks like*** *and how it* ***works,*** *(2) how each method* ***is used*** *correctly, and (3) how* ***effective*** *it is (how* ***well*** *it works).*

   Tomorrow we'll examine (1) the ***side effects,*** *health* ***risks*** *and health* ***benefits*** *of each method, and (2) what it's like to* ***visit a pharmacy or doctor*** *(or clinic) to get birth control.*

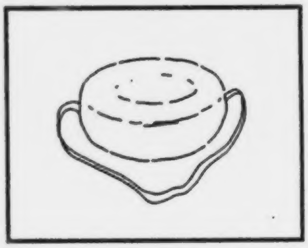
5. Remind people doing Field Trip Reports on "Prescription Birth Control" and "Non-prescription Birth Control" that their reports are due tomorrow (as part of lesson 21). Also remind those doing "Religion and Birth Control" that theirs will be due the next day (in lesson 22).

* A 1986 Harris poll found that 57% of young people in the U.S. had had intercourse at least once by age 17. Thus, approximately half of all teens experience sexual intercourse while still in high school ... and nearly half choose not to.

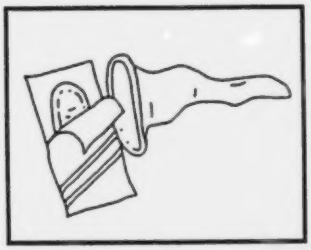
Contraceptive Worksheet 1



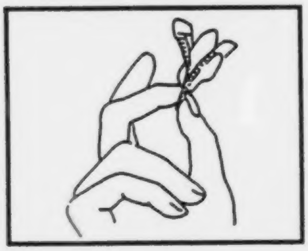
1. ____________________



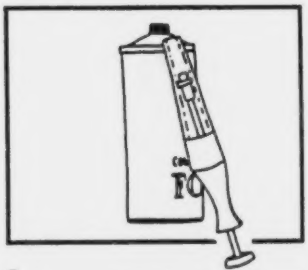
2. ____________________



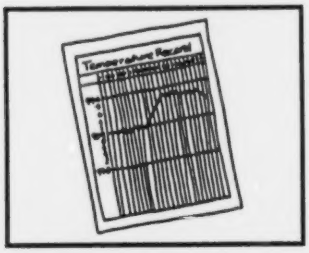
3. ____________________



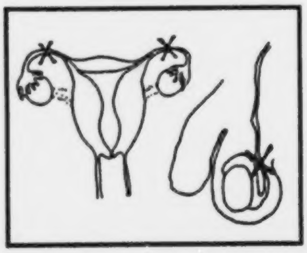
4. ____________________



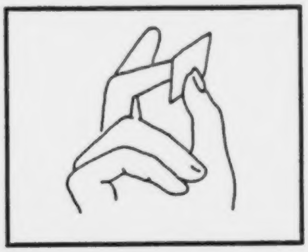
5. ____________________


Temperature Record

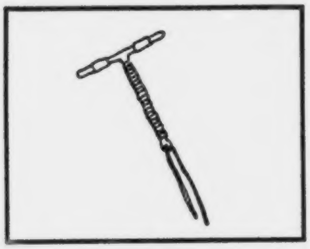
6. ____________________



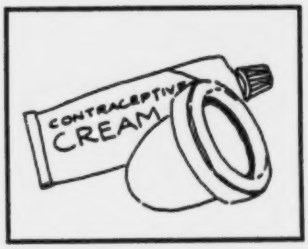
7. ____________________



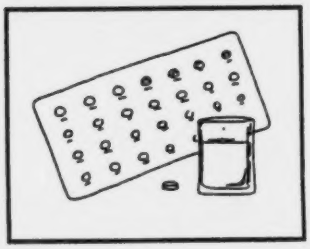
8. ____________________



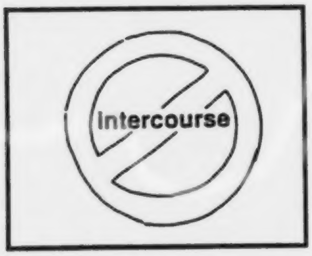
9. ____________________


CONTRACEPTIVE
CREAM

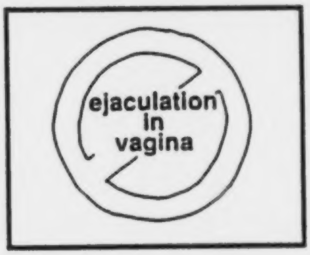
10. ____________________



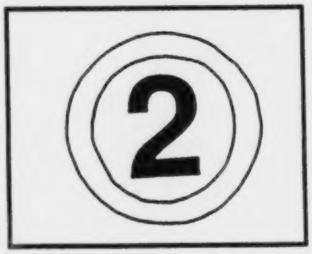
11. ____________________


intercourse

12. ____________________


ejaculation
in
vagina

13. ____________________



14. ____________________

Contraceptive Worksheet 2

NAME ______________________________ PERIOD _______

(check one or more in each column)

METHOD (in order of effectiveness)	HOW DOES IT WORK ?	WHO USES IT ?
1.	___ blocks sperm ___ kills sperm ___ stops ovulation ___ other	___ the man ___ the woman ___ both
2.	___ blocks sperm ___ kills sperm ___ stops ovulation ___ other	___ the man ___ the woman ___ both
3.	___ blocks sperm ___ kills sperm ___ stops ovulation ___ other	___ the man ___ the woman ___ both
4.	___ blocks sperm ___ kills sperm ___ stops ovulation ___ other	___ the man ___ the woman ___ both
5.	___ blocks sperm ___ kills sperm ___ stops ovulation ___ other	___ the man ___ the woman ___ both
6.	___ blocks sperm ___ kills sperm ___ stops ovulation ___ other	___ the man ___ the woman ___ both
7.	___ blocks sperm ___ kills sperm ___ stops ovulation ___ other	___ the man ___ the woman ___ both

Worksheet, continued ...

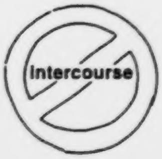
(check one or more in each column)

METHOD (in order of effectiveness)	**HOW DOES IT WORK ?**	**WHO USES IT ?**
8.	___ blocks sperm ___ kills sperm ___ stops ovulation ___ other	___ the man ___ the woman ___ both
9.	___ blocks sperm ___ kills sperm ___ stops ovulation ___ other	___ the man ___ the woman ___ both
10.	___ blocks sperm ___ kills sperm ___ stops ovulation ___ other	___ the man ___ the woman ___ both
11.	___ blocks sperm ___ kills sperm ___ stops ovulation ___ other	___ the man ___ the woman ___ both
12.	___ blocks sperm ___ kills sperm ___ stops ovulation ___ other	___ the man ___ the woman ___ both
13.	___ blocks sperm ___ kills sperm ___ stops ovulation ___ other	___ the man ___ the woman ___ both
14.	___ blocks sperm ___ kills sperm ___ stops ovulation ___ other	___ the man ___ the woman ___ both

NOTE: ***Every*** method can be used by the two people ... helping each other. Some are certainly ***more*** for men or ***more*** for women, but when both people cooperate it always makes a method more effective. So go back and check "both" in addition to "the man" or "the woman" for ***every*** method.

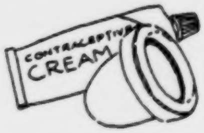
Contraceptive Reference Sheet 1: A Birth Control Glossary

ABSTINENCE, also called "celibacy" or "saying 'no'", means not having sexual intercourse.



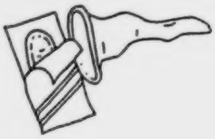
HOW IT IS USED CORRECTLY: The couple decides not to have intercourse (either no sexual touch at all, or other kinds of touching, but no ejaculation, even on the labia). Some people decide to masturbate, to reduce the pressure for intercourse. Others believe that masturbation is wrong, that self-control is what's needed. They may decide to avoid being alone together, so they won't be tempted to change their minds.

CERVICAL CAPS are sort of miniature diaphragms. A cap fits snugly over the cervix, holding spermicidal cream or gel in place. This keeps the sperm out of the uterus.



HOW THEY'RE USED CORRECTLY: The cap must be fitted by a health professional (so it will fit snugly around the cervix) The woman puts some cream in the cap and puts it in the vagina. It's good for up to 24 hours (she adds cream if more than one intercourse). She leaves it in six to eight hours after last intercourse, removes it and cleans it ... it's reusable as long as it's checked by a doctor or nurse practitioner yearly.

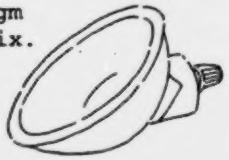
CONDOMS, also known as "rubbers", are like very thin, very strong gloves. A condom is worn over the penis to catch the sperm so they can't enter the uterus and tubes.



HOW THEY'RE USED CORRECTLY: The couple has no genital contact without it. It is best to use ones that are already lubricated. The condom is rolled onto the erect penis, leaving space at the tip for semen (squeezing the air out of the space). He withdraws the penis after intercourse, while it is still erect, holding the condom on the ***base*** of the penis, so it won't slip off and spill sperm. It's used only once.

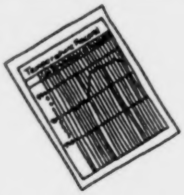
Reference Sheet, continued ...

DIAPHRAGMS are soft rubber cups. The diaphragm holds spermicidal gel or cream over the cervix. This keeps the sperm out of the uterus.



HOW THEY'RE USED CORRECTLY: The diaphragm must be fitted by a health professional (so it will fit snugly, where neither the man nor the woman can feel it). The woman puts some cream or gel in the diaphragm and spreads it around, folds it, and puts it in the vagina. It can be used right away or for up to two hours (she adds more cream if more than one intercourse). She leaves it in six or eight hours after last intercourse, removes it and dries it ... it's reusable as long as it's checked by a doctor or nurse practitioner yearly.

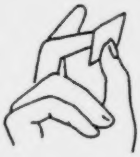
FERTILITY AWARENESS means studying certain signs in the woman's body to learn when she ovulates, and not having intercourse around that time.



HOW IT IS USED CORRECTLY: There are several ways to study the woman's cycle. She may take her temperature daily with a special thermometer and/or learn to check for changes in the discharge from her cervix. One or both of these things are charted for three to six months ... with help from a book, a health professional, or a class. The couple then avoids intercourse during her most fertile week(s) ... or uses another method at that time.

NOTE: without careful study and charting, ***there is no safe time.***

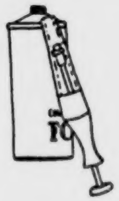
FILM, which looks like the square of paper you clean eyeglasses with, is made of the same chemical as foam. It coats the cervix with spermicide to keep the sperm out of the uterus.



HOW IT IS USED CORRECTLY: The woman folds it and places it at the top of the vagina, directly at the cervix. The couple waits at least five minutes before having intercourse (but no longer than two hours). The woman must not douche afterwards.

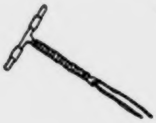
Reference Sheet, continued ...

FOAM, a chemical that comes in a can, looks a lot like whipped cream. It forms a wall of spermicide at the cervix to keep the sperm out of the uterus.



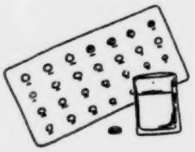
HOW IT IS USED CORRECTLY: The woman puts two applicators-full at the top of the vagina (or 1 if using *with* a condom). The couple can have intercourse right away or for up to 15 minutes ... they use more foam if they think it *might* have been more than 15 minutes. The woman must not douche afterwards.

INTRA-UTERINE DEVICES, or IUDs, are small plastic objects, with copper or hormones added. An IUD is worn in the uterus. IUDs make sperm travel less well (those with copper, kill sperm). They also make an egg travel more quickly than usual, so it isn't likely to be fertilized. They can also keep a fertilized egg from nesting in the uterus.



HOW THEY'RE USED CORRECTLY: An IUD must be put in and taken out by an experienced professional. The woman checks the string once a month. Some IUDs must be changed once a year.

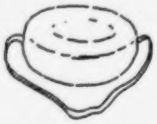
PILLS, also known as "oral contraceptives", are hormones that keep a woman's ovaries from releasing eggs as long as she keeps taking them.



HOW THEY'RE USED CORRECTLY: They must be prescribed by a health professional. The woman takes one pill at the same time of day, every day (***not*** just when she has intercourse). If she misses one, she takes it as soon as she remembers ... and uses a back-up method (like a condom). If she misses more than one in a month, she checks with the doctor or nurse practitioner.

Reference Sheet, continued ...

SPONGES have already been soaked with spermicidal foam. The sponge releases this foam near the cervix to keep the sperm out of the uterus.

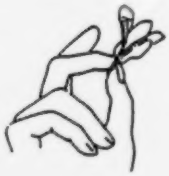


HOW THEY'RE USED CORRECTLY: The woman wets it (with about a couple of teaspoons of clean water), squeezes it, folds it, and puts it at the top of the vagina (near the cervix). It can be used right away or for up to 24 hours, no matter how many times they have intercourse. Six or eight hours after the last intercourse, the loop is used to take it out. It's only used once.

STERILIZATION, also called "tubal ligation" in women and "vasectomy" in men, is an operation in which the doctor blocks or ties the fallopian tubes or the vasa deferentia, so that eggs and sperm can't travel to meet one another. It's permanent.

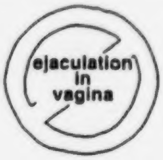
HOW IT IS USED CORRECTLY: It should be done by a very experienced doctor. A woman is protected right away; a man has to go back to the doctor for a "sperm count" before he can be sure he is safe.

SUPPOSITORIES (contraceptive ones) are wax-like, pecan-shaped chunks of spermicide. They become foamy inside the vagina, forming a wall of foam at the cervix. This keeps sperm out of the uterus.



HOW THEY'RE USED CORRECTLY: The woman puts a suppository into the vagina, up near the cervix, 10 or 15 minutes ***before*** intercourse (to give it time to turn into foam). It works for 30 to 60 minutes.

WITHDRAWAL, also called "coitus interruptus", means the man's pulling out of the vagina before he ejaculates.



HOW IT IS USED CORRECTLY: The man pulls out before he "comes" or ejaculates ... and avoids getting semen anywhere near the woman's genitals.

Contraceptive Reference Sheet 2: Effectiveness

EFFECTIVENESS

IF **33** TYPICAL COUPLES HAD SEX FOR **A YEAR,**
ROUGHLY HOW MANY WOULD BECOME PREGNANT?

USING **NO** BIRTH CONTROL	▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ 27
ABSTAINING FROM INTERCOURSE	0
USING A **CERVICAL CAP**	▮▮▮▮▮▮ 6
USING **CONDOMS**	▮▮▮▮ 4
USING A **DIAPHRAGM**	▮▮▮▮▮▮ 6
USING **FERTILITY AWARENESS**	▮▮▮▮▮▮▮ 7
USING **FILM**	▮▮▮▮▮▮▮ 7
USING **FOAM**	▮▮▮▮▮▮▮ 7
USING AN **IUD**	▮▮ 2
USING THE **PILL**	▮ 1
USING **SPONGES**	▮▮▮▮▮▮▮▮▮ 6 OR 9
RELYING ON **STERILIZATION**	0 (PROBABLY)
USING **SUPPOSITORIES**	▮▮▮▮▮▮▮ 7
USING **WITHDRAWAL**	▮▮▮▮▮▮ 6
COMBINING **TWO METHODS**	▮ 1*

* if the **TWO METHODS** are **CONDOM** plus **SPERMICIDE, DIAPHRAGM, CAP** or **SPONGE**

Contraceptive Transparency 1

CONDOM + SPERMICIDE

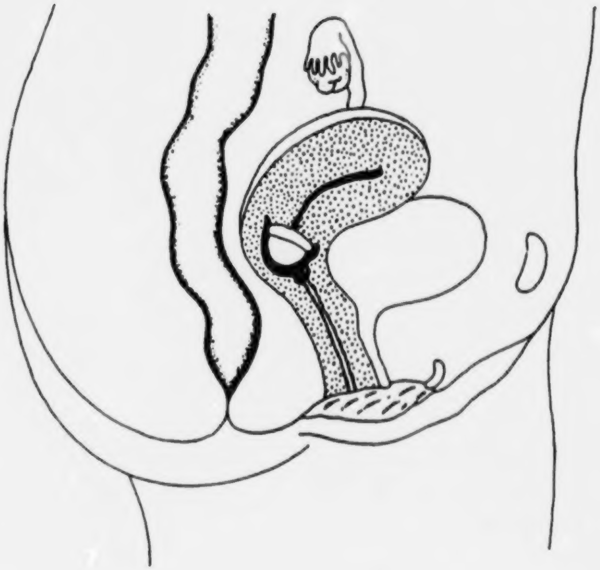
SAYING "NO"

LEARNING SAFER TIMES ...
ONLY HAVING SEX THEN

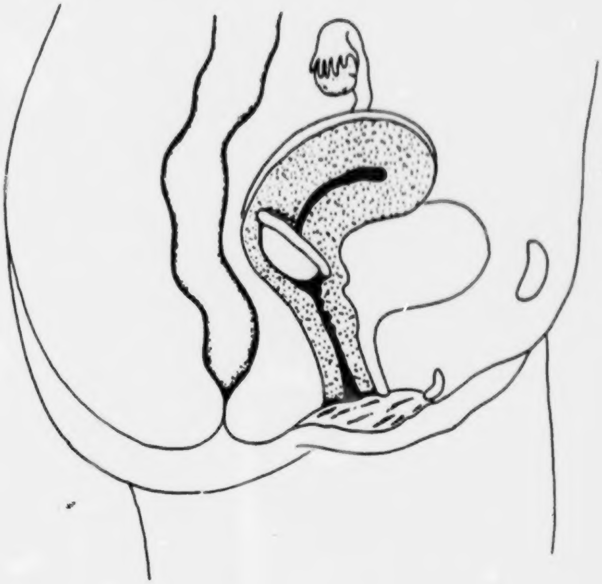
"PULLING OUT"

Contraceptive Transparency 2

CERVICAL CAP

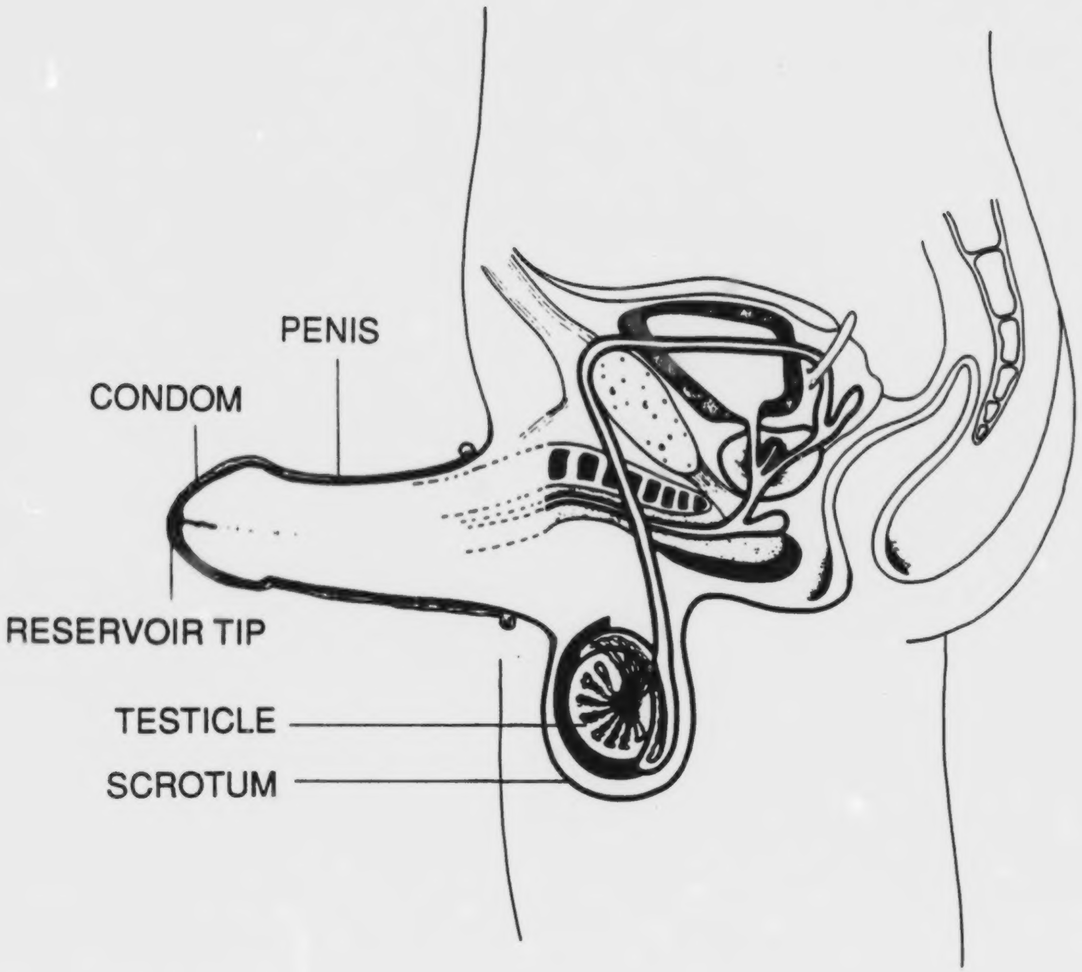


DIAPHRAGM



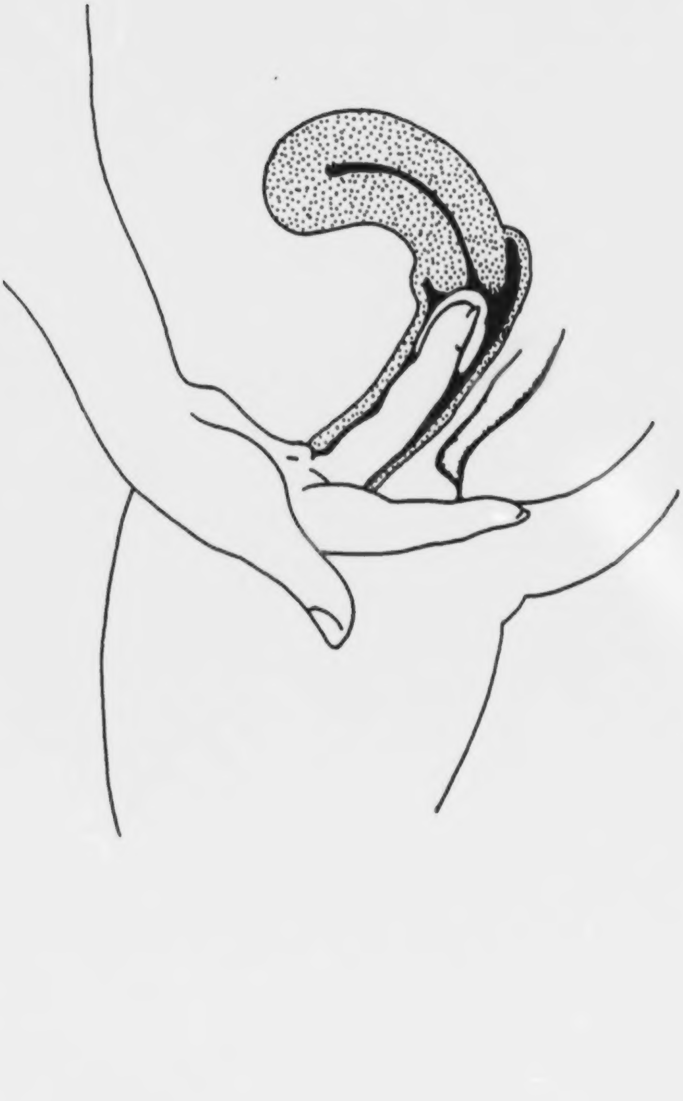
Contraceptive Transparency 3

CONDOM


PENIS
CONDOM
RESERVOIR TIP
TESTICLE
SCROTUM

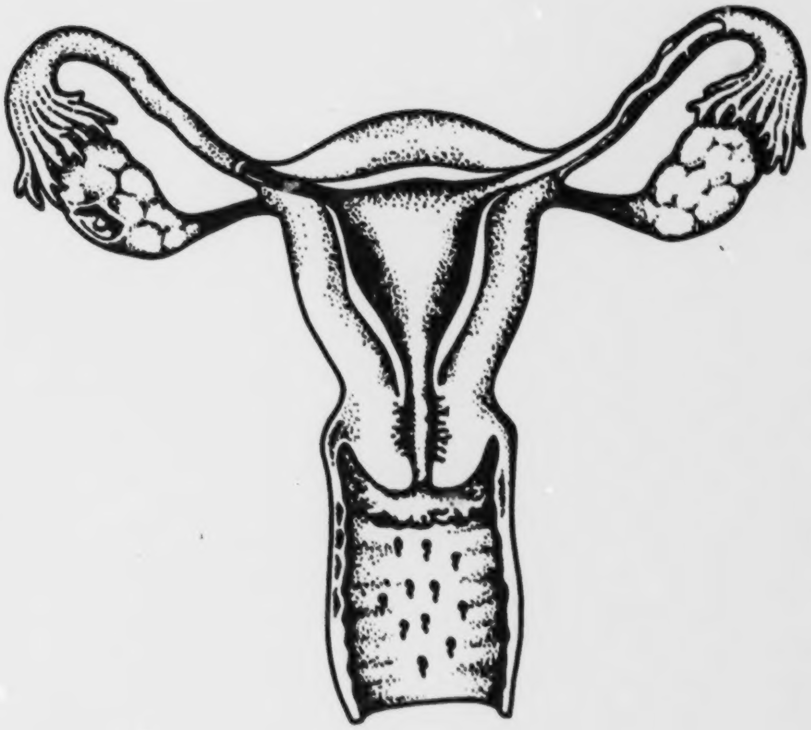
Contraceptive Transparency 4

FILM



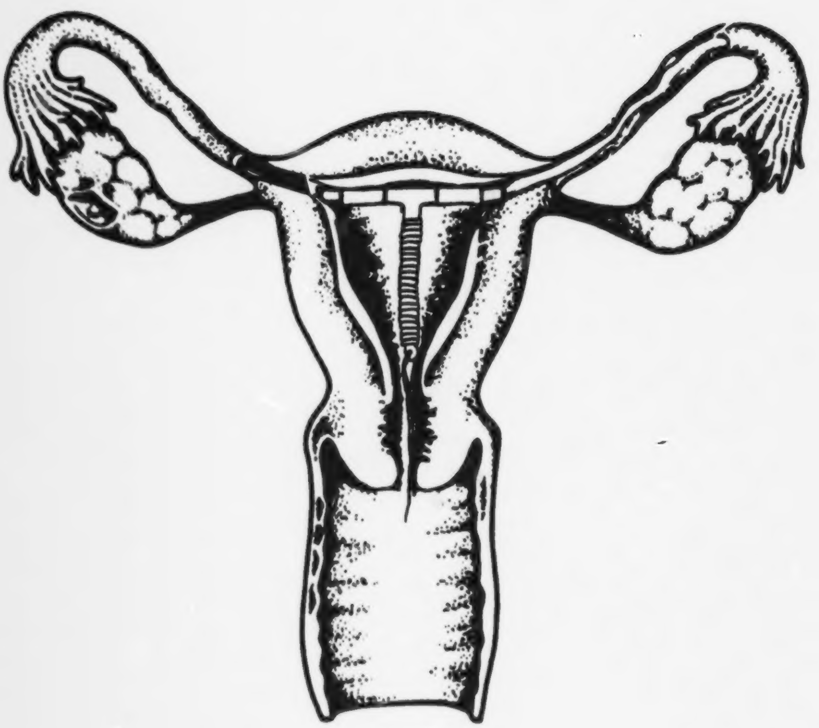
Contraceptive Transparency 5

FOAM



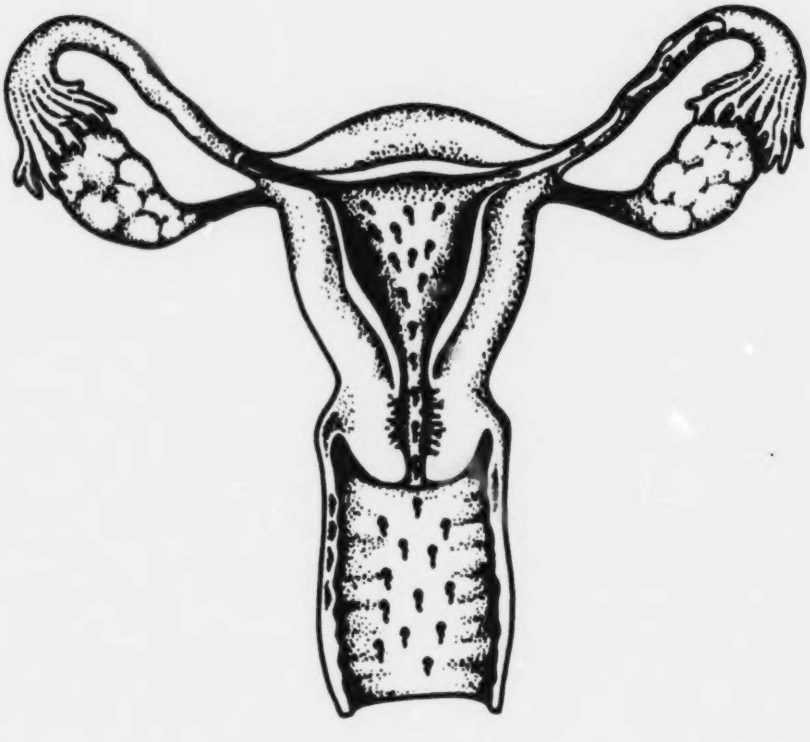
Contraceptive Transparency 6

INTRAUTERINE DEVICE
(IUD)



Contraceptive Transparency 7

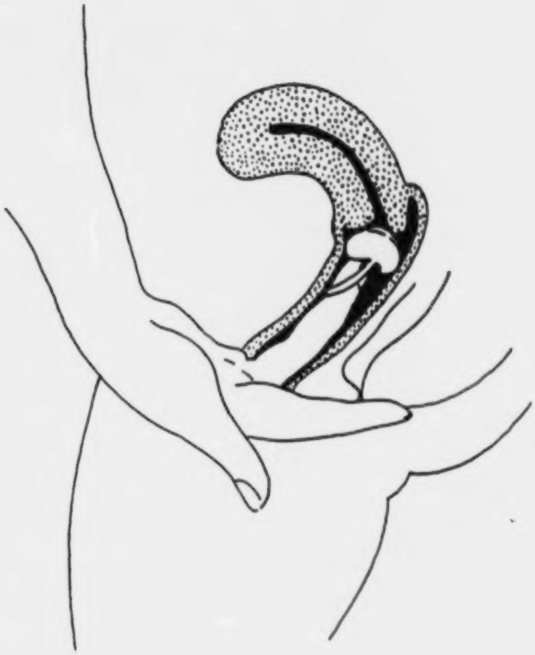
ORAL CONTRACEPTIVES (PILLS)

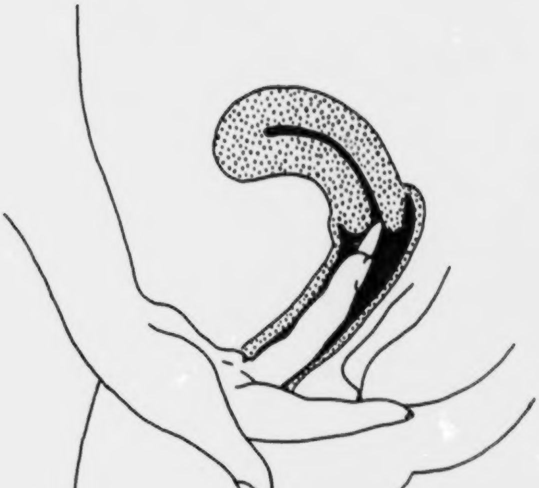


OVUM DOES NOT DEVELOP

Contraceptive Transparency 8

SPONGE

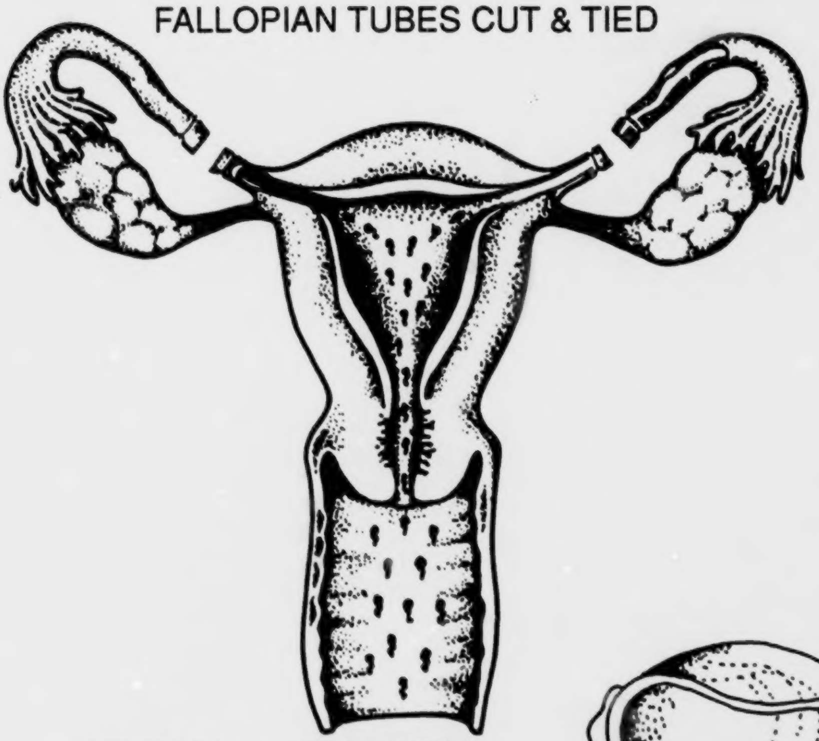




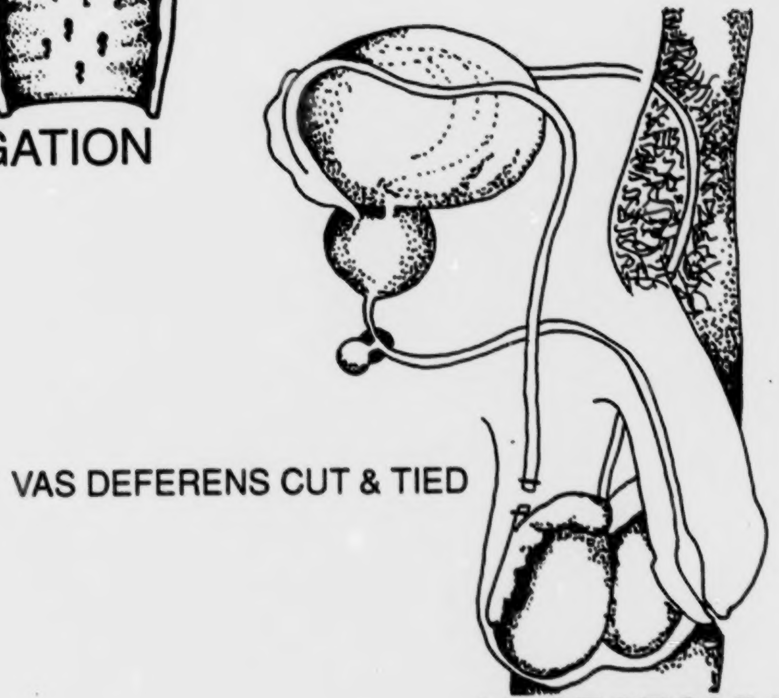
SUPPOSITORY

Contraceptive Transparency 9

STERILIZATION


FALLOPIAN TUBES CUT & TIED

TUBAL LIGATION


VAS DEFERENS CUT & TIED

VASECTOMY

Lesson Plan 21

Contraception

Day 2:

A Closer Look

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. List 2 of the 4 contraceptive methods with the fewest health risks.
2. Explain the difference between benign ***side effects*** and actual ***health risks***.
3. Realize that all methods are safer than pregnancy and childbirth.
4. Name 2 of the 5 methods with the most health benefits.
5. Recognize that, in addition to information, people's beliefs and feelings about birth control will influence their decisions.

MATERIALS NEEDED:

PHOTOCOPIES
One per student of ...
   Contraceptive Worksheet 3
One class set of ...
   Contraceptive Reference Sheet 3

A SET OF CONTRACEPTIVE METHODS *

TIME NEEDED:
one class period

* Optional; Transparencies 1-9 from lesson 20 can be used instead.

AGENDA:

1. Do a brief transition from yesterday's lesson.
2. Have students present oral Field Trip Reports on "Prescription ..." and "Non-Prescription Birth Control". Ensure that the issues (particularly cost and access) are covered.
3. Use Reference Sheet 3 or lecture and discussion to explore side effects, medical risks, and health benefits of all methods.
4. Answer students' questions (anonymous and otherwise) regarding birth control.
5. Use Contraceptive Worksheet 3 to summarize.

ACTIVITIES:

1. Explain that today's lesson examines birth control a little more closely than yesterday's. *Remind the class that you want them all to be able to act as health educators for their friends and families.*

2. Have students share their oral field trip reports on "Prescription Birth Control" and on "Non-prescription Birth Control." See lesson 1 for a Field Trip Grading Form (with criteria). Make sure to make at least one specific, positive comment about each report, as the student finishes. Then, put plenty of specific feedback in writing, on the written version of the report.

   Ensure that the class knows (even if Reporters fail to mention) these things:

   > *that a person must see a doctor or nurse practitioner for sterilization and to get the pill, IUD, diaphragm and cervical cap. (It is also desirable to get professional help to learn fertility awareness.) All other methods are available in most pharmacies.*

   > *that, although some methods may seem expensive, they are* all *less expensive than the least complicated delivery. They may be free or low-cost at a Health Department or Planned Parenthood ... and even at their highest, most methods cost less than two people enjoying a movie with popcorn. Specifically:*

   Abstinence is free.
   Sterilization costs up to $325 for a man and $1400 for a woman, providing many years of protection.
   Pills cost up to $20 per pack (pack lasts a month).
   IUDs cost up to $180 but they are good for a year or more.
   Condoms cost up to 50 cents each (more for the non-latex ones, which aren't recommended anyway).
   A diaphragm costs up to about $17 (it lasts a year or two) and the cream or gel costs up to $9 per tube (good for 20-30 uses).
   A cervical cap costs about $20 (for a year or more) and is also used with spermicidal cream or gel, but less of it.
   Foam costs up to $10 per can (there are about 30 applicators full in a can).
   Sponges cost up to $3.50 for a pack of 3 (or a little more than $1 apiece).
   Film costs up to $7 for a pack of 12 (or about 60 cents apiece).
   Contraceptive suppositories cost up to $6 for a pack of 12 (or about 50 cents apiece).
   Fertility awareness "costs" up to $5 for a book and/or $25-75 for a class.
   Withdrawal is free.

> *that clinics do* ***not*** *notify people's parents ... that a teen can legally get birth control without his or her parents' involvement. The only kind* ***not*** *legally available to teens without parental consent is sterilization. Most doctors and clinics also require parental consent to insert an IUD, although they are not legally bound to do so (in Washington State).*

Getting birth control without one's family's involvement is, of course, ***far from ideal.*** Ask the class to think of the advantages of talking with a parent or other adult family member about birth control. They may come up with some of the following (you can elaborate on their list as well):

A parent may have valuable experiences and beliefs to share.

A parent may have valuable information (family medical history, for example) the teen is unaware of.

It gives the teen a chance to talk over his or her concerns about birth control.

The parent and teen may grow closer; there will be more chance for understanding, support and respect between them.

There will be less chance of secrecy and mistrust between them.

If the teen ever decides to get birth control, the adult may be able and willing to help, or to go along for support.

3. Provide information about the ***side effects***, ***medical risks***, and ***health benefits*** of all fourteen methods. There are two ways to do this:

   > hand out Reference Sheet 3 and have volunteers read aloud from it, ***or***

   > use a combination of question-and-answer format and lecture, holding up the methods or showing Transparencies 1-9 (from lesson 20). The reading level of the Reference Sheet is fairly sophisticated; if your class has many "reluctant readers", this will be the better alternative.

4. Answer any questions regarding birth control (anonymous and otherwise) that have not already been addressed. Students may ask, for example, about experimental methods such as injectibles, implants, male pills, or morning-after pills. You can explain that these are being researched, but are not available to the general public in the United States and may not be for years.

5. To summarize the lesson, explain that people often ask, "What's the Best Method?" ... but "best" can mean different things, depending upon who's asking. Some people mean, "Which one is the most effective?" Others mean, "Which one is safest? least expensive? least hassle?" and so on. Each person or couple must *decide* which

method is "best" according to their own situation at that time. The **class** now has a chance to consider what ***various*** people and couple's might need to know to make decisions.

Hand out Contraceptive Worksheet 3 and allow students a few minutes to fill it out, individually. Then, have them share their answers aloud. The answers are:

Most Effective = a) abstinence, c) condom, h) IUD, i) the pill,
k) sterilization, and n) combining two methods

These are the most effective, in actual use by "average" people. In laboratory situations or with highly motivated and trained research subjects, other methods may be as effective.

Even the ***least*** *effective methods, however, are all far more effective than nothing. If 100 couples had* ***un****-protected intercourse for a year, approximately 90 would become pregnant! Even withdrawal would reduce that number to about 23.*

Safest = a) abstinence, c) condoms, k) male sterilization ...
n) combining two methods is also an acceptable answer, if the two methods are condom and spermicide

Others, though they may involve no risks in and of themselves, may involve the significant health risks of an unintentional pregnancy.

Most Health Benefits = a) abstinence, c) condoms, i) the pill,
k) sterilization, n) combining two methods

All of these count because they are so effective in preventing pregnancy and birth risks. The pill also protects against some cancers and against PID. Abstinence, condoms, and 2-methods also significantly reduce risk of STDs.)

Least Side Effects = a) abstinence, e) fertility awareness,
k) sterilization, and m) withdrawal ...
condoms cause allergic reactions so rarely that (c) is also an acceptable answer

Abstinence, fertility awareness, sterilization and withdrawal can all have psychological "side effects" but their physical side effects are of brief duration and little consequence.

Explain that the last two issues raised (at the end of the Worksheet) will be addressed tomorrow.

Contraceptive Worksheet 3

WHAT'S THE BEST METHOD?

NAME ____ PERIOD ______

DIRECTIONS:

1. In the first column, check the 6 ***most effective*** methods. (Note: there are more listed on the next side of the Worksheet.)
2. In the next column, check the 3 or 4 ***safest*** methods (those with the least chance of medical risks).
3. Next, check the 5 with the ***most health benefits*** (such as protecting the woman against the risks of childbirth, cancer or PID ... or protecting either partner against STDs).
4. In the last column, check the 4 or 5 methods with the ***least*** chance of ***side effects***.

METHOD	***most effective***	***safest***	***most health benefits***	***least side effects***
a. abstinence	____	____	____	____
b. cervical cap	____	____	____	____
c. condom	____	____	____	____
d. diaphragm with gel	____	____	____	____
e. fertility awareness	____	____	____	____
f. contraceptive film	____	____	____	____
g. contraceptive foam	____	____	____	____
h. intra-uterine device (IUD)	____	____	____	____
i. oral contraceptives (pill)	____	____	____	____
j. contraceptive sponge	____	____	____	____
k. sterilization (tubal ligation or vasectomy)	____	____	____	____

Worksheet, continued ...

METHOD	***most effective***	***safest***	***most health benefits***	***least side effects***
l. contraceptive suppositories	____	____	____	____
m. withdrawal	____	____	____	____
n. combining two methods (such as condom and foam)	____	____	____	____

NOW ... You have shown which ones are the most effective, the safest, the most benficial. You've shown which methods have the fewest side effects. These are all important facts. Remember, two more factors are part of a ***thoughtful decision***: feelings and beliefs. People may ask themselves:

Which methods are the easiest? ... ***It depends on the person's or couple's feelings !***

Which are the most ethical (moral) ? ... ***It depends on the person's or couple's beliefs (religious and personal) and, for many people, on whether they are married.***

Contraceptive Reference Sheet 3

Side Effects, Medical Risks and Health Benefits

What's the difference between
side effects and ***medical risks*** ?

Side effects may be pleasant or unpleasant, but are in no way dangerous. ***Medical risks,*** on the other hand, are safety concerns ... they don't happen to everyone who uses a particular medicine, but they are important to discuss with a doctor when deciding on a medicine.

For example, one ***side effect*** of eating a hot dog may be that it makes you burp. That isn't dangerous, it's just something you learn to expect. One ***medical risk*** of eating hot dogs is heart attacks. Not everyone who eats hot dogs gets heart attacks, of course. They are a concern, though, for people with high cholesterol and/or high blood pressure. For those people, the doctor may recommend some other food, instead, with less salt and fat.

What are some of the
main medical risks
of contraceptives ?

What about
side effects and ***health benefits*** ?

COMBINING TWO METHODS: MAIN HEALTH RISKS

depends on the methods ... the most common combination (condom and a spermicide) has **NONE**

COMBINING TWO METHODS: MAIN BENEFITS

depends on the methods ... combination of condom and spermicide has two:

TO HEALTH: ***greatly*** reduces the risk of sexually transmitting a disease (though it certainly does not eliminate the risk)

TO RELATIONSHIP: learning to communicate better, cooperate more

COMBINING TWO METHODS: SIDE EFFECTS

depends on the methods ... combination of condom and spermicide both cause allergic reactions once in a while ... for other combinations, see the description of each method

Reference Sheet, continued ...

ABSTINENCE: MAIN HEALTH RISKS

NONE ... relative risk: safest method

ABSTINENCE: MAIN BENEFITS

TO HEALTH: NO sexually transmissible diseases, NO pregnancy or birth risks

TO RELATIONSHIP: learning to communicate better, cooperate more, be creative and affectionate

ABSTINENCE: SIDE EFFECTS

maybe frustration, but nobody ever died of frustration ...maybe *discomfort* from excess blood in the genital area, but not *pain* (according to most people) ... despite these "side effects", more people choose it than any other method

---

STERILIZATION: MAIN HEALTH RISKS

OF VASECTOMY: very slight risk of blood clot or infection

OF TUBAL LIGATION: very slight risk of blood clot, injury to the uterus or the bladder or bowel, infection, or reaction to anesthetic

STERILIZATION: MAIN HEALTH BENEFITS

very little chance of pregnancy so the woman is almost completely protected from the risks associated with pregnancy and childbirth ... also women with tubal ligations have less Pelvic Inflammatory Disease

STERILIZATION: SIDE EFFECTS

the person will be uncomfortable for a few days afterward and some women have problems with their periods ... other than that, sterilization has ***no effect*** on sexual feelings or function (men can still get erections, ejaculate, have sex; women can still have still have sex, have sexual feelings)

CONDOM: MAIN HEALTH RISKS

NONE ... relative risk: probably tied with male sterilization for the 2nd safest method

CONDOM: MAIN HEALTH BENEFITS

latex ones reduce the risk of sexually transmissible diseases ... including AIDS

CONDOM: SIDE EFFECTS

may slightly reduce sensation (some people object to that; others prefer it, as it may make intercourse last longer) ... also rare allergic reactions to the latex

Reference Sheet, continued ...

INTRA-UTERINE DEVICE (IUD): MAIN HEALTH RISKS

increases risk of Pelvic Inflammatory Disease (PID: which can lead to infertility) ... this is especially a concern in women who have more than 1 partner or who change partners fairly often ... which is why it isn't a good method for many teens ... also occasionally harms the uterus or cervix ... may cause a miscarriage or tubal pregnancy if she becomes pregnant with the IUD in place ... *relative* risk: safer than pregnancy and birth for a monogamous couple

INTRA-UTERINE DEVICE (IUD):
MAIN HEALTH BENEFITS

one kind (called a Progestasert-T) may reduce menstrual bleeding, PMS, etc. ... otherwise no health benefits

INTRA-UTERINE DEVICE (IUD):
SIDE EFFECTS

may cause increased menstrual bleeding, increased cramps

ORAL CONTRACEPTIVES (PILLS): MAIN HEALTH RISKS

blood clots (which can lead to stroke or heart attack, on rare occasion) ... a higher risk in women who smoke, are over 35, have blood-related problems already (such as diabetes, heart disease), or who have a family history of blood-related problems ... *relative* risk: much safer than pregnancy and birth for young, healthy women, especially non-smokers

ORAL CONTRACEPTIVES (PILLS):
MAIN HEALTH BENEFITS

reduce risk of infertility by reducing risk of PID (Pelvic Inflammatory Disease); reduce risk of cancers of ovaries and uterus; may clear up acne, reduce menstrual cramps, reduce incidence of ovarian cysts, shorten periods, lessen Pre-Menstrual Syndrome (PMS)

ORAL CONTRACEPTIVES (PILLS):
SIDE EFFECTS

may increase acne or breast tenderness; temporarily stop menstruation (until she stops pills); reduce interest in sex; cause spotting between periods, depression, nausea, or slight weight gain or weight loss ... if these persist, she can talk with her doctor or nurse practitioner about changing doses

Reference Sheet, continued ...

FERTILITY AWARENESS: MAIN HEALTH RISKS

normal risks associated with pregnancy and birth, if she gets pregnant

FERTILITY AWARENESS:
MAIN BENEFITS

TO HEALTH: getting to know the body

TO RELATIONSHIP: learning to communicate better, cooperate more, be creative and affectionate

FERTILITY AWARENESS:
SIDE EFFECTS

maybe frustration, discomfort ... but many people choose it as their method anyway

---

SPERMICIDES (FOAM, FILM, AND SUPPOSITORIES): MAIN HEALTH RISKS

normal risks associated with pregnancy and birth, if she becomes pregnant

SPERMICIDES (FOAM, FILM, AND SUPPOSITORIES):
MAIN HEALTH BENEFITS

slightly reduce risk of sexually transmissible diseases by killing some germs in addition to killing sperm

SPERMICIDES (FOAM, FILM, AND SUPPOSITORIES):
SIDE EFFECTS

about 1 out of 50 people is allergic (they have some itching or burning; they can try a different brand or type of spermicide)

WITHDRAWAL: MAIN HEALTH RISKS

normal risks associated with pregnancy and birth, if she becomes pregnant

WITHDRAWAL: MAIN HEALTH BENEFITS

none

WITHDRAWAL: SIDE EFFECTS

frustration, discomfort ... but many people use it anyway

331

Reference Sheet, continued ...

DIAPHRAGM or CERVICAL CAP or SPONGE: MAIN HEALTH RISKS

very slight risk of Toxic Shock Syndrome, so the woman should wash her hands before use, respect the 24 hour limit on the sponge or cap and the 8-10 hour limit on the diaphragm * ... and use another method during her period ... also pregnancy and birth risks ... and a cervical cap, because it is tighter fitting than a diaphragm or sponge, can damage cervix or vagina (maybe leading to pre-cancerous changes)

DIAPHRAGM, CAP, SPONGE:
MAIN HEALTH BENEFITS

may reduce the risk of *some* sexually transmissible diseases (except for staph, the one that causes Toxic Shock Syndrome) because some germs may be blocked and because the spermicides used in or with them will also kill some (though not all) germs

DIAPHRAGM, CAP, SPONGE:
SIDE EFFECTS

about 1 out of 50 people is allergic to the method itself or the spermicide (cream, gel) used with it ... these people have some itching or burning ... sometimes it helps to try different brands of cream or gel (except, of course, with the sponge) ... also some women have more yeast or bladder infections ... and some women leave them in too long and notice an odor

---

* These limits ***include*** the 6-8 hours ***after*** last intercourse that she waits before removing the diaphragm, cap or sponge.

Lesson Plan 22

Contraception

Day 3: What's the Best Method?

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Describe several emotional factors which sometimes influence people's decisions regarding contraception.
2. Describe several ethical factors which sometimes influence people's decisions regarding contraception.
3. Apply factors such as effectiveness, safety, cost, emotions and ethics to hypothetical decision-making scenarios.

MATERIALS NEEDED:

PHOTOCOPIES
up to 12 per class of ...
   Contraception Worksheet 4

three sets of ...
   Contraceptive Case Studies (3 copies of each of 4 Case Studies ... enough for as many as 12 small groups)

TIME NEEDED:
one or two class periods, depending on whether there are oral Field Trip Reports (and how many)

AGENDA:

1. Explain the lesson's relevance.

2. Have students present their oral Field Trip Reports on "Birth Control and Religion."

3. Use the Case Studies and the Worksheet in small groups to practice applying the *thoughtful decision* model to the issue of birth control.

4. Summarize, referring back to Contraceptive Worksheet 3 from lesson 21.

ACTIVITIES:

1. Explain the lesson's relevance:

   For the last couple of days we have examined the facts about contraception, and ***facts are one influence on the decisions people make.*** Facts alone, however, do not control our choices. ***Our beliefs and feelings also influence our decisions.*** Today, we'll look at these.

2. Have students present their oral Field Trip Reports on "Religion and Birth Control." After each one, make sure to give at least one piece of immediate, positive feedback. Put additional specific feedback in writing, on the written version of the report. See lesson 1 for Field Trip Grading Forms.

   In order to achieve balance, try to ensure that at least eight religious denominations are presented. Remember that it's inappropriate for a public school teacher to express a particular belief about a controversial issue. It is ***not*** your role, then, vis a vis contraception, to suggest that one should use it. Neither should you imply that using it is wrong. Either of these values would offend some families. Your role, instead is to help students understand:

   > that there are differing beliefs with respect to birth control,

   > that respecting others' right to their beliefs is important, and

   > that one's decisions ought to be influenced, not only by the potential consequences of the alternatives, but also by one's beliefs.

3. Brainstorm, on the blackboard, beliefs that might influence a person's decision about birth control. For example:

   Contraception is wrong/sinful/dangerous.

   Sex should be spontaneous and pregnancy should just happen if it happens and not if it doesn't.

   It's wrong to bring a baby into this world if you aren't prepared to be the best of parents.

   Premarital sex is wrong/sinful/dangerous.

   A real man protects the people he loves.

   *It's important to protect your**self** in this world.*

   Birth control is the woman's responsibility.

   Birth control is both people's responsibility.

Next, brainstorm feelings which might influence a person's decision about birth control. For example:

comfort/discomfort,
trust/distrust,
confidence,
embarrassment,
sexual feelings (arousal)

fear (of going to a doctor, of talking with one's partner),

pride (in being able to make adult decisions, or in protecting one's self and one's partner),

Now, divide the class into 8-12 small groups. Thus, groups will have up to 4 members, depending on the size of the class. Have each group select ...

a gatekeeper (whose job it will be to see that everyone in the group has a chance to contribute),

a recorder (who will fill in the Worksheet, in accord with the decisions of the group), and

one or two spokespersons (who will report back to the class).

Read aloud the four Case Studies. Give each small group one Case Study and one copy of Contraceptive Worksheet 4. Their task: to ***decide on the best method of birth control for the person in the Case Study.*** Thus, they won't be deciding on a method of contraception based on their own circumstances, beliefs and feelings, but instead, based on those of a hypothetical individual or couple. Tell them to try to reach consensus, but that "minority reports" will be welcome, too.

Allow the groups 15 minutes to complete their Worksheets. Then have the spokespersons report to the large group, with the two or three groups who shared each case study comparing and contrasting their results.

Your job is to ensure that various relevant facts (expense, effectiveness, etc.), ***beliefs*** (about responsibility, cooperation, sex, parenthood, marriage, and contraception), ***and feelings*** (relative ease, embarrassment, sensation, romance, spontaneity) ***are explored. Ensure, too, that abstinence is recognized as an alternative.***

In case 1 the major considerations will probably be effectiveness (so they can finish school, although they do want children before long, so effectiveness may not be as high a priority as for some couples), costs (since they are poor students), and health risks (since Tamara has hypertension). The couple will probably choose an IUD or spermicide-plus-condoms ... IUD would be cheaper and nearly as safe, since they are apparently monogamous.

In case 2 the major considerations will probably be **effectiveness** (since she's not in a stable enough position to parent), **ease** (since she has a lot of stresses in her life already ... and some methods may feel a lot easier to her than others), **cost** (she's *very* low income), and **STD protection** (she's at *very* high risk). Her decision may be abstinence -- if she can turn her life around -- or sponge-plus-condom or pill-plus-condom (whichever feels less complicated ***to her***).

In case 3 the major considerations will probably be **effectiveness** (her life is endangered), **health concerns** (obviously) and **religious beliefs** (depending upon whether they share the Vatican's belief about contraception -- some American Catholics do and some don't). They will probably choose either sterilization, abstinence (from intercourse, though they would certainly have to find other ways to have satisfaction and intimacy) or very careful fertility awareness (perhaps with *no* intercourse around the time of ovulation and *condoms* the rest of the month). As part of their decision-making, they may want to discuss the ethics with a priest.

In case 4 the major considerations will probably be **effectiveness** (they aren't ready for marriage), **beliefs** (depends what they believe about premarital sex and, for Jamie, family is important, so *their* beliefs may influence the decision), **feelings** (many new couples, especially teens, find it embarrassing to discuss, obtain or use contraceptives -- particularly spermicides and condoms -- until they know one another better) and **STD protection** (they aren't yet in a "long-term" committed relationship). Cost may not be so important, since their parents still support them and both have jobs. Best alternative, in our opinion, would be abstinence. Some couples in their situation would choose condoms-plus-pills.

Summarize the activity:

Notice how each situation warranted a different decision, and that, even given the same facts, two groups may have reached differing conclusions ... just as in real life.

4. To summarize the whole lesson, refer students back to Contraceptive Worksheet 3. What ***is*** the best method? The last two questions on the Worksheet (items 5 and 6) can ***only*** be answered by each individual and couple according to their own beliefs and feelings.

Case Studies

CASE STUDY 1:

Tamara and Zachary

Interviewer: Tell me a little about yourselves.

Tamara: Well, Zachary and I went together for two years and we were married last month. We're both juniors in college. I'm looking forward to a career as a biologist.

Interviewer: And you, Zachary?

Zachary: I'm studying forestry. I want to be a forest ranger.

Interviewer: How are you supporting yourselves?

Zachary: My parents help some. We both get financial aid from the college and we both work part time. I work in the cafeteria and Tamara's a lab assistant.

Interviewer: How's your health?

Tamara: I have high blood pressure, but I eat right and I keep it under control. Otherwise we're both perfectly healthy.

Interviewer: Do you want children?

Zachary: Yes, in a few years. We want to finish school and then we'll see. Right, honey?

Tamara: Right.

CASE STUDY 2:

Michelle

Interviewer: Tell me a little about yourself, Michelle.

Michelle: Well, what do you want to know?

Interviewer: Where do you live? How do you spend your time.

Michelle: I live with friends, mostly, or on the streets. I ran away from home ... let's see ... seven months ago. I hang out. I get by.

Interviewer: Michelle, if it's too personal, you don't have to say, but why did you run away?

Michelle: That's OK. I don't mind saying ... It's over now. My father molested me. I tried to get him to stop, but nothing worked. So I had to get out of there.

Interviewer: How are you supporting yourself?

Michelle: I turn tricks * sometimes. I don't need much.

Interviewer: Do you have a boyfriend, too?

Michelle: No. I was going with this guy, but we broke up a couple of weeks ago.

---

* "turning tricks" is slang for prostituting (having sex for money)

CASE STUDY 3:

Rebecca and Josh

Interviewer: Tell me a little about yourselves.

Rebecca: Well, we've been married twelve years. We're both 34. I am a full-time homemaker and Josh owns his own landscaping business.

Interviewer: Do you have any children?

Josh: Yes. Two girls and two boys. Judy is eleven. Cindy is nine. And the boys (they're twins) are going on six.

Interviewer: Do you plan to have any more children?

Rebecca: We can't. I had two miscarriages after the twins were born, and the doctor told me it would be really dangerous if I got pregnant again.

Josh: That made us both really sad at first. We're Catholic and we both grew up in big families. I was one of seven children, and I was kind of hoping for seven of my own. But at least we got four healthy kids. We've gotten over the sadness we felt at first. Haven't we, honey?

Rebecca: Yes.

CASE STUDY 4:

Jamie and Stan

Interviewer: Tell me a little about yourselves.

Stan: I am a senior in high school. I run track. I'm a low-B student. I work as a stock boy in a grocery store about fifteen hours a week.

Interviewer: How about you, Jamie? What's special about you?

Jamie: I am a junior. I sing with a band on weekends ... and I have an older brother and two younger step-sisters. My family is real close; I guess that's pretty special.

Interviewer: So how long have you guys been going out with each other?

Jamie and Stan (in chorus)***:*** Four weeks and two days. (They laugh)

Interviewer: Have you thought about what you'll do after Stan graduates? Do you think you'll still be together?

Stan: I don't know. I'm thinking about going into the Navy. That means being gone at least for a while.

Jamie: Besides, it's a little soon to be thinking that far ahead.

Interviewer: How's your health?

Jamie: Great. Right, Stan?

Stan: Yup. As far as we know.

Contraception Worksheet 4

REAL PEOPLE'S DECISIONS

NAMES OF THE PEOPLE COMPLETING THIS WORKSHEET: PERIOD ____

____

____

____

____

CASE STUDY NUMBER ______ NAME(S) ______________________________

A. Which factors matter most to this person or couple ?

Discuss what makes you think so.

1. Effectiveness is
   - ____ probably very important to this person/couple
   - ____ somewhat important to them
   - ____ probably not so important to them
   - ____ not enough information for us to guess

2. Cost is
   - ____ probably very important to them
   - ____ somewhat important to them
   - ____ probably not so important to them
   - ____ not enough information for us to guess

3. STD protection is
   - ____ probably very important to them
   - ____ somewhat important to them
   - ____ probably not so important to them
   - ____ not enough information for us to guess

4. Other medical risks are
   - ____ probably very important to them
   - ____ somewhat important to them
   - ____ probably not so important to them
   - ____ not enough information for us to gues

5. Beliefs will
   - ____ probably be a major factor in this decision
   - ____ be a somewhat important factor
   - ____ probably not be so big a factor in this decision
   - ____ not enough information for us to guess

People in their situation might believe ______________________________

____

____

____

6. Feelings will
____ probably be a major factor in this decision
____ be a somewhat important factor
____ probably not be so big a factor in this decision
____ not enough information for us to guess

People in their situation might feel ______________________________

____

____

____

B. Which methods of birth control are probably best for this person or couple ?

Which methods might they choose ?

Check any methods that are possibilities in this situation.

____ abstinence
____ condoms
____ fertility awareness
____ foam
____ the pill
____ sterilization
____ withdrawal

____ cervical cap
____ diaphragm
____ film
____ IUD
____ sponges
____ suppositories

____ a combination of two methods:
______________________________ and ______________________________

Circle the method your group recommends for this person or couple. If someone in your group disagrees, or if you have a second, equally good choice, circle it, too.

Be prepared to explain why you chose that method (or methods) in this case.

Lesson Plan 23

Contraception
Day 4:
Communication

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Demonstrate assertive parent/child, doctor/patient, buyer/clerk, or partner/partner communication regarding contraception.

MATERIALS NEEDED:

PHOTOCOPIES
One transparent copy of ...
   Communication Transparency
Two of ...
   Demonstration Script 3
Three of ...
   Contraception Role Plays
      (3 pages X 3 copies, each page cut in half = enough for one per team in a class of 36)
One per student of ...
   Family Homework Exercise:
      Birth Control
   Individual Homework Exercise:
      Birth Control

FROM EARLIER LESSONS
One class set of ...
   Communication Reference
      Sheet (lesson 9)

TIME NEEDED:
one class period

AGENDA:

1. Review ground rules.
2. Remind the class of communication skills (lesson 9) using the Communication Reference Sheet and Transparency.
3. Have volunteers demonstrate *"how-to"* communicate about contraception, using Demonstration Script 3.
4. Have individuals and pairs of students write 1 or 2 scripts, reflecting good communication.
5. Facilitate role plays, expressing approval of assertiveness and listening skills. Assign homework.

ACTIVITIES:

1. Review the ground rules. Again, consideration for one another's feelings will be vital.

2. Introduce the Contraception Role Plays by reminding the class of the "good communication" skills they have been practicing throughout the unit. Ask people to glance back at the Communication Reference Sheet from lesson 9. (NOTE: If you have not done lesson 9, hand out the Communication Reference Sheet now, and have volunteers read it aloud.) Put the Communication Transparency on the screen, to summarize the concepts from the Reference Sheet.

3. Have two volunteers enact Demonstration Script 3. As in lesson 9, comment on the success of the communication ... point out any of the following ways in which they used good communication skills:

   >> The players stood tall and looked at one another, without engaging in "power stares."

   >> They spoke loudly enough to be heard, to sound like they meant what they said.

   >> They were honest and said what they had to, without trying to hurt the other person.

   >> They asked questions of one another to make sure they were understanding, and really listened to the answers.

4. Have the class divide into pairs. A few students may prefer to work individually; that's OK. Give each pair or individual one copy of a role play situation (A,B,C,D,E, or F).

   NOTE: Some students may express discomfort using examples in which unmarried couples are engaging in (or considering) sexual intercourse. It is perfectly OK to offer these students situations C, D, E or F (parent/child, clerk/customer, nurse practitioner/patient, and husband/wife communication, respectively).

   Students' task: ***write a script,*** as if this were a scene in a play. They should be illustrating, through their script or role play, assertive ways to handle these situations.

   A script would look like this (put this on the blackboard):

   John: ______________________________.

   Jane: ______________________________
   ____________.

   John: ______________________________?

   and so forth.

Let them know that they need not perform their scripts. Those who do volunteer to, will receive extra credit for their efforts. Allow 6 or 8 minutes for the writing.

As students write, you can survey the group to see how many role plays you need to allow time for. If there seems to be enough time, have students trade their situations with you, and write a second script, before beginning the role plays.

5. Finally, invite teams who would like to enact their scripts, to do so for extra credit. After each role play, discuss the emotions involved and affirm the team for the particular assertive behaviors they demonstrated (e.g., making eye contact; standing or sitting tall; having a serious facial expression; using a fairly loud, confident tone of voice, etc.)

   Collect all the scripts, regardless of whether they've been enacted, so that you can give participation credit.

   Assign homework. Possible assignments include:

   > Family Homework Exercise: Birth Control (Students will also need to take home Contraception Worksheet 1 from lesson 20, to complete the assignment), and

   > Individual Homework Exercise: Birth Control.

Demonstration Script 3: How to Communicate About Contraception

Husband = H Wife = W

H: Honey, let's put the kids to bed so we can have some time alone.

W: Good idea. Why don't you fix us some decaf, while I'm getting them ready ... and then we can change into something more comfortable.

H: Right. You did pick up rubbers at the store, this afternoon. Didn't you?

W: Oops. I forgot. Oh well, just this once won't matter. I'm about to start my period ... the chances I could get pregnant are slim. I'll be back in a few minutes.

H: Wait a minute. Just this once *might* matter. I don't want to risk it.

W: Oh, babe, you're making such a big deal out of it.

H: I couldn't handle another mouth to feed right now! This is important. Don't *you* want to wait before we have another baby, too?

W: Well ... yeah. I guess. I don't know. I'd kind of like to have a third baby soon, and be done. We could get them through the toddler business all one right after the other and not have to deal with it any more. But I really *don't* think I'll get pregnant this one time anyway ... You know, we *have* never really talked about when to have another. How long do *you* want to wait?

H: I don't know. A couple of years maybe, 'til my business picks up.

W: Look, if it's this important to you, we can wait. Do you feel like going to the store while I'm reading the kids a bedtime story?

H: OK, thanks. I love you.

W: Me too.

Contraception Role Plays

SITUATION A

SKILL PRACTICE WITH A PARTNER:
don't worry

Person #1 (female):

You have been going with person #2 for three months. You are thinking about having sex, but you don't have any birth control. You don't want to risk pregnancy.

The scene opens with him asking if you love him.

Person #2 (male):

You want very much to get more involved with Person #1 (your girlfriend). You want to know what all the fuss about sex is about ... and besides, you love her. You worry sometimes that she means more to you than you mean to her. If she's worried about pregnancy, you don't want her to worry ... you'll agree to pull out.

You are sitting on the couch. The scene opens with you asking whether she loves you.

SITUATION B

SKILL PRACTICE WITH A PARTNER:
I count too

Person #1 (male):

You have been engaged to Person #2 for six months. You are going to be married in June. All this time, you have been using condoms and she's been using foam. But the truth is you don't care for the condoms ... and, after all, neither of you is seeing anyone else, and neither of you uses IV drugs, so AIDS isn't a risk. You wish she would get another kind of birth control.

The scene opens with you saying you want to talk.

Person #2 (female):

When you and your fiance (Person #1) started sleeping together, he brought up the question of birth control. You suggested foam and condoms, because you really were nervous about getting a check-up. Since then, though, your sister convinced you to get a pap test and you feel OK about check-ups. The issue of birth control has never come up again, though.

The scene opens with him wanting to talk.

SITUATION C

SKILL PRACTICE WITH A PARTNER: growing up

Person #1:

Your teenager (Person #2) has been going with the same person for over a month. You imagine it might be getting serious. You hope your kids both wait until they're older to have sex, but if they are going to have sex before they're married, you at least hope they'll use birth control. Maybe it's time you brought the subject up.

The scene opens when the two of you are home alone. You begin by asking Person #2 if he or she has a few minutes.

Person #2:

You have always been close to your parents. You've gone to them when problems have come up ... but you've never talked about anything as personal as your (or their) love life.

The scene opens when one of your parents (Person #1) knocks on your bedroom door, where you've been listening to music.

SITUATION D

SKILL PRACTICE WITH A PARTNER: the clerk

Person #1:

You walk into a drug store to get some condoms and you can't find them. You are walking up and down the aisles, not wanting to look silly, so you look at other things as you go. Even if you could find them, you would want advice about which kind to get, so you figure you'd better ask someone.

The scene opens as you walk up to a clerk (Person #2), who is emptying a carton on aisle 3.

Person #2:

You are a clerk in a drug store. You have worked there a year, so you know your way around pretty well. Nobody has ever asked you about contraceptives before, but you are fairly knowledgeable ... if a little uncomfortable.

You are putting bandaids on the shelf when Person #1 (a customer) approaches you.

SITUATION E

SKILL PRACTICE WITH A PARTNER: the nurse practitioner

Person #1 (female):

You have never had a pelvic exam before. Today, you'll be having your first one, because you have decided to get birth control pills. You are nervous. Your friend came with you, and you really do want someone to hold your hand, during the exam. When the nurse practitioner (Person #2) calls you, apparently ***only*** you, you want to say something ... but would he or she think you were silly for wanting your friend to come, too? You guess not.

You go into the office and sit down. The scene opens with you saying, "Look could I ask you a favor?"

Person #2:

You are a nurse practitioner in a family planning clinic. You like to put your patients as much at ease as possible. You also like to see patients alone, at least for a few minutes, because some of the things you have to ask are very private.

The scene opens after you have invited a patient (Person #1) into your office. Both of you sit down.

SITUATION F

SKILL PRACTICE WITH A PARTNER: the old tubes

Person #1 (female):

You have been married (to Person #2) for ten years. You are pregnant with your second child, and you have both decided that two is enough. Before your first child was born, and between the two pregnancies, you used birth control pills. But you forgot them occasionally, so you worried a lot. All in all, pills were a bit of a hassle. Now that you are done having children, you wish your husband would take over responsibility for birth control by having a vasectomy. It's cheaper and easier than for you to get ***your*** tubes tied, after all.

The scene opens with you, lying on the couch, as he brings you a snack. Begin by saying you'd like to talk.

Person #2 (male):

You have never really thought about birth control before, except a couple of times when your wife (Person #1) thought she might be pregnant ... that was pretty scary ... you were unemployed at the time and she was only working for minimum wage. But anyway, that was years ago. You sure are glad it's women who have babies, because you hate hospitals and you're a baby when it comes to pain.

Communication Transparency

ASSERTIVENESS
+ REALLY LISTENING

GOOD COMMUNICATIONS

ASSERTIVENESS: Standing up for yourself, without standing on top of others.

1. honesty
2. eye contact
3. sitting or standing tall
4. being willing to negotiate ... to not always be "***the winner*** ".

REALLY LISTENING: Trying to understand the other person's point of view

1. using your ears
2. using your eyes
3. asking questions to check out whether you understand

Family Homework Exercise: Birth Control

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

READ THIS TOGETHER:

Birth control information changes every year, as new methods are developed. In class, we have been studying ***fourteen*** methods of birth control, legal in the United States today.

Working together, but without looking at notes from class, how many of those methods can you name?

Now, review and discuss *Contraceptive Worksheet 1* from class. Then ...

ASK THE ADULT: What do you believe about birth control ?

ASK THE STUDENT: How about you ? What are your beliefs about birth control ?

ASK THE ADULT: Have you (or your partner) ever used birth control ? If so, what kinds ? If not, why not ... was it a matter of beliefs ... did you want children ?

ASK THE STUDENT: Do you think you'll want children ? If so, when and how many ?

NOTE: If any of these questions feels too private, remember that it's perfectly OK to "pass" ... just say, "That's too personal. I'd rather not discuss it with you at this point."

FOR FULL CREDIT, THIS EXERCISE IS DUE: ________
IF YOU WANT CREDIT, SIMPLY TURN IN THE SLIP, BELOW.

✂ -

FAMILY HOMEWORK CONFIRMATION SLIP

We have completed "Family Homework Exercise: Birth Control".

Date: ____________________

student's signature: ____________________

adult's signature: ____________________

Individual Homework Exercise: Birth Control

NAME ______________________ DUE __________

DIRECTIONS: Do EITHER number 1 or number 2.

1. List at least four reasons many teens decide to abstain from sexual intercourse.

2. List at least four reasons it is good for couples to communicate about birth control.

DIRECTIONS: Do EITHER number 3 or number 4.

3. Circle the following terms in the word search below:

ABSTINENCE
CONDOM
DIAPHRAGM
WITHDRAWAL
PILL
FOAM
FILM
IUD
CONTRACEPTIVE
STERILIZATION
CERVICAL CAP
FERTILITY
SPERMICIDE
SPONGE
SUPPOSITORY
AWARENESS
TALK
PLAN
LOVE
WAIT

S	T	E	F	E	R	T	I	L	I	T	Y	N	O	M	L	I	F	O	X
P	I	A	W	A	R	E	N	E	S	S	O	C	E	R	F	E	R	O	M
O	U	P	L	A	N	R	E	W	Q	I	E	W	P	I	L	S	C	V	B
N	Y	B	F	A	C	O	I	X	T	I	N	I	R	E	C	U	D	E	H
G	F	N	C	O	N	T	R	A	C	E	P	T	I	V	E	P	H	C	Y
E	D	S	N	R	P	A	Z	F	O	A	B	H	U	G	G	P	O	N	E
D	U	D	L	L	O	I	G	Y	F	F	M	D	I	A	L	O	V	E	T
C	O	C	E	R	L	D	L	R	E	F	O	R	S	T	S	S	U	N	A
M	W	I	T	I	A	T	D	L	R	E	C	A	W	D	U	I	U	I	L
O	C	E	R	V	I	C	A	L	C	A	P	W	M	A	B	T	A	T	K
A	B	E	S	A	A	M	G	A	R	H	P	A	I	D	K	O	L	S	S
I	T	A	W	A	Z	T	V	U	N	B	R	L	T	O	T	R	I	B	G
S	P	O	P	L	E	D	I	C	I	M	R	E	P	S	T	Y	H	A	K

4. Find an ad for contraceptives in a magazine or newspaper. Cut it out or photocopy it and attach it to this page.

Lesson Plan 24
Sexually Transmissible Diseases (STDs)
Day 1: Overview

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Name at least 5 STDs.
2. Describe 2 things a person should do if he/she suspects she/he has an STD.
3. List 3 of the 5 common, early symptoms.
4. List at least 3 long-term dangers of some (untreated) STDs.
5. Describe 3 ways a person can reduce his/her risk.

MATERIALS NEEDED:

PHOTOCOPIES
One per student of ...
   STD Worksheets 1 and 2
One transparent copy of ...
   STD Transparency 1 *
One class set of ...
   STD Reference Sheets 1 and 2

TIME NEEDED:
one class period

* same as Worksheet 2

AGENDA:

1. Discuss the lesson's relevance and define the term "STDs".
2. Use STD Worksheet 1 to introduce the key concepts of symptoms, dangers, and healthy (care-seeking and risk-reducing) behaviors.
3. Use Worksheet 2 and the Transparency to address *kinds* of infections.
4. Hand out, read aloud and discuss the Reference Sheets.
5. Respond to students' questions (anonymous and otherwise) about STDs (not including AIDS).

ACTIVITIES:

1. Discuss the relevance of the lesson, specifically:

   > *some STDs are more common than the common cold,*
   > *some are mostly nuisances, while others are deadly serious,*
   > *teenagers are one of the highest risk groups for STDs, partly because they tend to get into new relationships more frequently (on average) than adults, but also because teenage women's cervixes are not always fully mature and are, therefore, more vulnerable,*
   > *there are ways to prevent or reduce the risk of every STD,*
   > *most STDs are curable, and*
   > *this lesson will be partly a review.*

   Define "STD": *An STD is any one of about 45 infections, "sexually transmissible diseases" ... infections people can catch by having sex with a person who has them. "STD" means the same thing as the less accurate term "VD."*

2. Explain that you want to begin by giving students a chance to think about what they **already** know about STDs. Hand out STD Worksheet 1 and allow students 6 minutes to try completing the "Your Best Guesses" column. Encourage guessing so that everyone participates and so that you can discover any ***mistaken*** beliefs.

   Then discuss their answers, eliciting from them the key concepts, as much as possible. Ask everyone to take notes on the discussion, in the righthand column of the Worksheet, so they'll have complete, correct answers from which to study. These are:

   A) *A person might think he/she had an STD if ...*

   he/she had symptoms -- common ***early*** ones include:

   sores (which may or may not hurt)
   unusual discharge (explain normal vs. unusual)
   itching or tingling
   burning (especially with urination)
   lumps or bumps

   later symptoms include (but aren't limited to):

   pain in the lower abdomen (female) or scrotum (male)
   swollen glands, diarrhea, cough, exhaustion (any of which last for a number of weeks)
   unexplained weight loss

   or if he/she had no symptoms, but a doctor or partner said he/she did or might have one (point out that **most STDs can be asymptomatic)**

B) *If a person thinks she/he might have one, he/she should ...*

stop having intimate contact
tell partner(s) (i.e. "anyone he or she has had sex with")
see doctor/go to clinic
not try to self-diagnose or self-treat
not hope for magical recovery

C) *Some STDs, if not cured, can lead to ...*

chronic pain
damage to non-reproductive organs (heart, brain, etc.)
infertility, miscarriage, premature births, birth defects
death

Point out that **some STDs**, of course, **are not this serious**. The most dangerous are HIV, syphilis, staph, gonorrhea, chlamydia, and, for fetuses and newborns, genital herpes.)

D) *A person can reduce his/her risk of giving or getting an STD by ...*

abstaining from sexual intercourse *
maintaining longterm ***mutual monogamy***, as in marriage *
reducing the ***number of sexual partners*** in lifetime
using ***condoms*** (they are very effective against STDs when used correctly and consistently, and even more effective when used with **spermicides**)
avoiding the ***exchange of semen and vaginal fluid*** (e.g., massage and hugging are safer than vaginal/oral/anal intercourse)
getting regular, thorough ***STD check-ups***, even if no symptoms are present

also, for some protection, though not as much ...

looking at a partner's genitals (for sores, unusual discharge) and not having sex if there seem to be symptoms
talking with a partner about STDs
noticing (own) symptoms and getting help
using spermicidal birth control methods (without a condom)
washing and urinating before and after sex (both partners)
using birth control pills (reduces PID, not STD, risk -- in other words, it won't reduce the chance a woman will catch gonorrhea, for example, but, if she does, it ***will*** reduce the likelihood of it moving into her tubes and ovaries, where it can cause permanent damage)

* These are, of course, the most effective protection (though still not guaranteed ***prevention*** ... some STDs are transmitted in non-sexual ways and mutual monogamy is only safe if both partners are absolutely healthy to begin with). All the *other* behaviors listed are risk ***reduction*** suggestions, for people who do not abstain until they achieve a committed, monogamous relationship. The latter is certainly recommended.

3. Hand out STD Worksheet 2 (also called Transparency 1), and put it also on the overhead projector. Explain that any contagious disease, sexual or otherwise, is caused by an organism -- or living thing. There are 5 basic kinds of disease-causing organisms: bacteria, viruses, protozoa, fungi, and ecto-parasites. Begin by defining each of these (see STD Reference Sheet 1 for definitions.)

   Explain that the infections in the right-hand column are ***not*** STDs because, although they ***could*** be transmitted while having sex, they are ***usually*** transmitted in other ways. A cold, for example, is passed by sneezes, or by just touching a desk where someone coughed an hour ago and the desk hasn't been sterilized since. (NOTE: They are on the Transparency to provide a familiar, non-threatening context within which to introduce STDs.)

   Now explain that both of the other columns are for STDs. Unlike the infections in the right-hand column, STDs *cannot* be transmitted as easily. Sneezing, for example, cannot transmit an STD. The ones you will be putting in the left hand column are the ones which are ***only*** transmissible through:

   (1) sex with an infected person, or
   (2) being born to a mother who has that infection, or
   (3) sharing a needle.

   Those you'll be putting in the middle column are ***often*** or ***usually*** transmitted in those ways, but are sometimes transmitted other ways, which you will discuss.

   Have the class brainstorm all the STDs they've ever heard of. As they suggest STDs, you write them on the Transparency in the appropriate boxes and they write them on their own copies. We have provided an answer key. You need not ensure that ***every*** disease on the answer key gets listed (only those in bold print), but you may have to contribute a few diseases students neglect to mention.

   If students name syndromes (like Toxic Shock Syndrome -- TSS), sequelae (like Pelvic Inflammatory Disease -- PID) or common names for STDs (like "clap") write these in parentheses after the formal term for the organism, for example:

   gonorrhea (clap, PID)
   chlamydia (PID, NGU, NSU)
   staphlococcus (TSS) *
   Human Immunodeficiency Virus (AIDS virus, HIV)
   monilia (yeast)
   pubic lice (crabs)

* "Staph" only rarely develops into Toxic Shock Syndrome ... and it does so even *more rarely* in parts of the body other than the Reproductive System.

Next, discuss the infections in column 2. These are frequently or usually or most easily spread by sex, but ***can*** be spread other ways. Elaborate on other possible modes of transmission (besides sex, needles and pregnancy/childbirth), specifically:

staphlococcus ... we don't always know how it is transmitted (NOTE: Tampons or birth control devices left in the vagina over 6 hours during menses can trigger an overproduction of staphlococcus. The staph, however, has to have been present to begin with.)

Cytomegalovirus (CMV) ... blood transfusions, breast-feeding, possibly open-mouth kissing

genital herpes ... self-inoculation from oral herpes (touching a cold sore and then your own genitals without washing your hands in between)

trichomonas ... towels, clothing, possibly other ways

candida ... presumably by wet towels, clothing, possibly other ways (NOTE: stress, antibiotics, and various other environmental factors can trigger an over-production of candida [yeast] which was already present, but doing no harm.)

pubic lice ... towels, clothing, bedding

scabies ... towels, clothing, bedding, and non-genital touch

Emphasize that NO STDs are transmitted on doorknobs, toilet seats, drinking cups, etc.

4. Hand out STD Reference Sheets 1 and 2, and have volunteers take turns reading them aloud. They are strictly for reference purposes, not to be memorized and recalled.

5. Respond to the questions from the STD envelope (and oral questions) regarding STDs, in general. Save questions about AIDS for tomorrow (lesson 25).

STD Worksheet 1

NAME ______________________________ PERIOD ______

YOUR BEST GUESSES	OTHER CORRECT ANSWERS
A) A person might think he or she had an STD if ... ______	if ... ______
B) If a person thinks she or he might have an STD, she or he should ... ______	should ... ______
C) Some STDs, if they aren't cured, can lead to ... ______	to ... ______
D) A person can reduce his or her risk of giving or getting an STD by ... ______	by... ______

STD Worksheet 2/Transparency 1

kind of organism	transmitted ONLY by sex or pregnancy or needles	OFTEN/USUALLY transmitted by sex, pregnancy or needles	NOT usually transmitted by sex, pregnancy or needles
bacteria			strep throat
virus			cold flu chicken pox oral herpes
protozoan			giardia (campers' diarrhea)
fungus			athletes' foot
ecto-parasite			fleas head lice

STD Worksheet 2/Transparency 1: Answer Key

kind of organism	transmitted ONLY by sex or pregnancy or needles	OFTEN/USUALLY transmitted by sex, pregnancy or needles	NOT usually transmitted by sex, pregnancy or needles
bacteria	gonorrhea syphilis chlamydia gardnerella	staphlococcus → TSS	strep throat
virus	hepatitis B genital warts genital herpes HIV → AIDS	cytomegalo virus	cold flu chicken pox oral herpes
protozoan		trichomonas	giardia (campers' diarrhea)
fungus		candida (yeast)	athletes' foot
ecto-parasite		pubic lice scabies	fleas head lice

STD Reference Sheet 1: A Glossary

ACQUIRED = obtained after conception or birth ... not inherited

ACUTE = sudden and serious ... not chronic

A.I.D.S. = Acquired Immune Deficiency Syndrome, the end stage of a disease caused by the germ "HIV" ... fatal, usually within 2 years of diagnosis

ANTIBIOTIC = a group of medicines such as penicillin, used to cure bacterial and fungal infections

ASYMPTOMATIC = disease that shows no symptoms

BACTERIA = a one-celled organism without a separate nucleus ... sometimes, but not always, harmful

CHANCRE = painless sore ... a symptom of early syphilis

CHRONIC = lasting a long time and sometimes serious ... not acute

COMMUNICABLE = catching (transmissible, contagious)

CONGENITAL = present at birth, either inherited or acquired during pregnancy or birth

CONTAGIOUS = catching (transmissible, communicable)

CULTURE = to grow a micro-organism in a laboratory

CURE = to completely rid the body of something ... some treatments ***cure*** infections, while others only help the symptoms

DIAGNOSE = to find out what's causing the infection

DORMANT = not active ... sort of asleep (latent)

ECTO-PARASITE = little bug that lives on or near the surface of the skin, and needs the body for its survival ... sometimes harmful

ECTOPIC PREGNANCY = a pregnancy in which the embryo implants itself in the woman's tubes, or somewhere else besides the uterus ... fatal if not removed

Reference Sheet, continued ...

EPIDEMIC = too many cases of a disease (more than expected, more than usual)

EPIDEMIOLOGY = the study of how diseases spread through populations

FUNGUS = a microscopic plant ... sometimes harmful

GERM = a harmful micro-organism

HEMOPHILIAC = a person with the genetic problem "hemophilia", a birth defect which makes the blood unable to clot

HEREDITARY = inherited ... something people get through their parents' genes

HETEROSEXUAL BEHAVIOR = sexual touch between a male and a female

H.I.V. = Human Immunodeficiency Virus (formerly called HTLV III), an organism that can damage the immune system, sometimes leading AIDS

HOMOSEXUAL BEHAVIOR = sexual touch between two men or between two women

IMMUNITY = ability to fight infections ... when a person is ***not*** able to fight infections, he or she is "immune-deficient"

INFERTILE = not able to become pregnant or to help one's partner become pregnant

-ITIS = inflammation (heat, redness, swelling, soreness) of an area ... so "laryngitis" is inflammation of the larynx and "appendicitis" is inflammation of the appendix

LATENT = not active ... sort of asleep (dormant)

LESION = sore or chancre

MICRO-ORGANISM = an organism so small it can only be seen under a microscope

MUCOUS MEMBRANE = a warm, wet part of the body ... eyes, nose, throat, inner ears, labia, urethra, vagina, cervix, rectum and anus ... the end of the penis is also considered a mucous membrane, even though it is not wet, because the skin there is easy to penetrate

Reference Sheet, continued ...

N.G.U. = Nongonococcal Urethritis ... any inflammation of the urethra which is ***not*** caused by gonorrhea ... doctors use this term when they don't know what ***is*** causing the infection ... it often turns out to be chlamydia

N.S.V. = Nonspecific Vaginitis ... any inflammation of the vagina, of which the doctor doesn't know the cause ... often turns out to be gardnerella with mobiluncus ... can also be candida or trichomonas

ORGANISM = living thing

P.I.D. = Pelvic Inflammatory Disease ...any inflammation of the uterus, fallopian tubes, or ovaries ... usually caused by gonorrhea or chlamydia ... often leaves scar tissue that may, at some time in the future, cause an ectopic pregnancy or infertility

PREVENT = to keep something from happening in the first place

PROTOZOAN = a one-celled organism which is neither a plant nor an animal ... sometimes harmful

S.T.D. = Sexually Transmissible Diseases ... any of about forty-five infections which people always, or often, catch through sexual contact (also called "VD")

SYNDROME = a group of symptoms which often happen together

TRANSMISSIBLE = catching (communicable, contagious)

T.S.S. = Toxic Shock Syndrome ... a rare group of symptoms (fever, vomiting, diarrhea, and a rash with peeling of the skin) caused by rapid growth of staphlococcus bacteria ... fatal if not treated right away, TSS can arise from staph infections in other parts of the body, but ***most*** cases are due to vaginal "staph"

V.D. = Venereal Diseases (STDs)

VIRUS = a packet of genes, not even a whole cell, which cause harm by entering the body's cells and turning them into virus factories

STD Reference Sheet 2

Name of Organism	treatable?	curable?	Commom Symptoms						
			OFTEN NONE	discharge	sores	pain/ burning	rash/ itching	lumps/ bumps	other
Candida	yes	yes	☆	☆			☆		
Chlamydia	yes	yes	☆	☆		☆			
Cytomegalo Virus	no	no	☆						☆
Gardnerella with Mobiluncus	yes	yes	☆	☆					
Genital Herpes	yes	no	☆		☆				☆
Genital Warts	yes	no	☆					☆	
Gonorrhea	yes	yes	☆	☆		☆			
Hepatitis B	yes	no	☆						☆
Human Immuno-deficiency Virus	yes	no	☆				☆	☆	☆
Pubic Lice	yes	yes					☆		
Scabies	yes	yes					☆	☆	
Staphlococcus	yes	yes	☆				☆		☆
Syphilis	yes	yes	☆		☆		☆		☆
Trichomonas	yes	yes	☆	☆		☆			

		Likely to do serious damage if not treated?				
Name of Organism	**Other name for it, if any.**	no	yes, in men	yes, in women	yes, in fetuses/ newborns	**What can it lead to, if not treated early?**
Candida	monilia, NSV, yeast	☆				
Chlamydia	NGU, NSU, C. trachomatis		☆	☆	☆	chronic pain, pelvic imflammatory disease infertility, ectopic pregnancy, miscarriage, arthritis, birth defects, premature birth
Cytomegalo Virus	CMV				☆	immune problems, birth defects
Gardnerella with Mobiluncus	hemophilis, NSV, bacterial vaginosis	☆				premature birth
Genital Herpes					☆	recurring pain, birth defects, miscarriage, premature births
Genital Warts	venereal warts papilloma condyloma		?	?	?	possibly cancer of cervix, vulva, vagina, penis, anus, larynx
Gonorrhea	"clap" "drip" gonococcus		☆	☆	☆	chronic pain, pelvic inflammatory disease (PID), infertility, ectopic pregnancy, arthritis, miscarriage, premature birth
Hepatitis B	HBV				☆	cancer, liver failure, death
Human Immunodeficiency Virus	AIDS Virus HIV		☆	☆	☆	other infections and disabilities, Acquired Immune Deficiency Syndrome (AIDS), death
Pubic Lice	pthirus pubis, "crabs"	☆				
Scabies	sarcoptes scabei	☆				
Staphlococcus	"staff"			☆		toxic shock syndrome (TSS), death
Syphilis	"siff" T. pallidum		☆	☆	☆	damage to brain (insanity, senility); damage to heart, liver, hearing, sight, bones, teeth; birth defects; death
Trichomonas	"trick" NSV	☆		?		

Lesson Plan 25

STD's

Day 2: HIV/AIDS

Understanding

The Disease

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Distinguish between the definitions of H.I.V. and A.I.D.S.
2. Describe the 3 ways HIV can affect the body: no symptoms ("carrier"), symptoms of infection (formerly called "A.R.C."), full-blown AIDS.
3. Identify the 3 ways in which HIV is commonly spread.
4. Recognize that casual contact with an infected person is safe.
5. Recognize that AIDS is preventable and list 3 ways to do so.

MATERIALS NEEDED:

PHOTOCOPIES
One class set of ...
  AIDS Reference Sheet
One transparent copy of ...
  AIDS Transparencies 1 and 2 *
One per student of ...
  Individual Homework Exercise: HIV/AIDS

TIME NEEDED:
one class period

* The day before this lesson, call the AIDS Information Line, to get current data for Transparency 2 (see Activity 3).

AGENDA:

1. Explain the lesson's purpose.
2. Use the AIDS Reference Sheet and Transparencies 1 and 2 to introduce the terms and key concepts.
3. Answer students' questions (anonymous and otherwise) about HIV and AIDS.
4. Remind the class about upcoming Field Trip Reports, summarize the lesson and assign homework.

ACTIVITIES:

1. Explain the lesson's purpose:

   AIDS is a frightening disease. It's incurable, it's fatal and it's spreading. But it is also one of the most preventable diseases known to humankind ... which means that for folks who are not yet infected, it doesn't ***have*** *to be frightening. You can protect yourselves and that's what this lesson is about: understanding the disease so you can avoid dying from it!*

2. Provide a baseline of information about HIV and AIDS: the continuum of infection, where the disease seems to have come from, how it is spread today, how the virus harms the immune system, how it is (and is ***not***) transmitted, and how it can be prevented. There are two ways to convey this information:

   > hand out the AIDS Reference Sheet and have students take turns volunteering to read aloud from it, ***or***

   > explain the disease yourself, using the Reference Sheet roughly as a script. (The reading level of the Reference Sheet is fairly sophisticated; if your class has mostly "reluctant readers", this may be the preferable alternative.)

   At the end of the first page, pause and use AIDS Transparency 1 to check out the class' comprehension. Transparency 1 shows the approximate relative proportions of people who, at this moment ...

   > have HIV in their bloodstreams, but aren't ill (These people are contagious if they have sex, give birth, or share needles, but their immune systems have not yet -- and *may* not ever -- become impaired.),

   > have symptoms of HIV infection, but not full-blown AIDS (We used to call this ARC, or "AIDS-Related Complex." These folks are also contagious if they have sex, give birth, or share needles ... ***and*** their immune systems have begun to show impairment by HIV. Thus they get sick often -- in some cases, fatally -- but they do not have the specific conditions which must be present for a diagnosis of AIDS.),

   > have AIDS (These people are, similarly, contagious, and immune-impaired by HIV ... ***and*** they have one of a number of specific conditions which must be present before a doctor can diagnose their problem as "full-blown AIDS." These conditions are listed by the Centers for Disease Control, as a diagnostic tool for physicians. They include Kaposi's sarcoma [*KS*, a rare kind of cancer], pneumocystis carinii pneumonia [*PCP*, caused by a protozoan], and other rare infections and malignancies.)

   Pointing to the bottom of the "iceberg," ask whether these people, who have the AIDS virus (HIV) are contagious. (Yes)

Ask the class whether these folks *know* that they have the virus. (No, not unless they have taken the AIDS antibody blood test)

Ask whether you could look at people with symptoms of infection or with AIDS and know they were infected. (No, not unless they happen to have another infection at the moment. In other words, if a person with AIDS has *PCP*, you might notice that he was very thin and, at times, had a very bad cough; if he had *KS*, he might have brown or purplish spots on the skin that were visible to you. Otherwise, much of the time, he or she would look like anyone else.)

Pause again to discuss the pie chart on the third page of the Reference Sheet. Of particular concern will probably be the category called "*none of the above/other*" ... Some of these are babies born to mothers with HIV (these women may or may not have AIDS). Others are people who died before they could be interviewed or who refused to be interviewed about how they might have caught the virus. A very small number -- less than a dozen nationally -- are people who got the virus in some other way. One, for instance, was a nurse with very raw, chapped hands, who held a bandage on the wound of a AIDS patient, to stop the bleeding, without taking the normal precaution of latex gloves.

Clarify that the AIDS virus does ***not*** travel through regular, unbroken skin. The skin in the mouth, urethra, vagina, and, particularly, the anus, is easily broken ... you bite your lip and it may not even hurt after a day or so, but the skin is still not fully healed. The skin on your arm, on the other hand, could only be penetrated by the virus if you had a cut, scrape, or skin disease.

Before the section "How Does the Virus Harm the Immune System," pause again and use AIDS Transparency 2 to share current, local, state and national statistics.

> NOTE: You will have called the AIDS hotline a day or two before this lesson to *get* the statistics for Transparency 2. Most areas have local or state hotlines. Seattle: 296-4999, Washington State: 1-800-272-AIDS. If you live elsewhere, and don't know the local number, call the national hotline: 1-800-342-AIDS.

3. Answer students' questions (anonymous and verbal) regarding AIDS.

4. Remind people doing reports on "STD Tests and Treatment" that their reports are due the day after tomorrow (as part of lesson 27).

Summarize the lesson plan by explaining that, if students remember only one thing from today's lesson, you hope it is the last statement from the Reference Sheet: **AIDS IS ONE OF THE FEW ENTIRELY PREVENTABLE DISEASES ... YOU CAN DECIDE NOT TO RISK GETTING IT.**

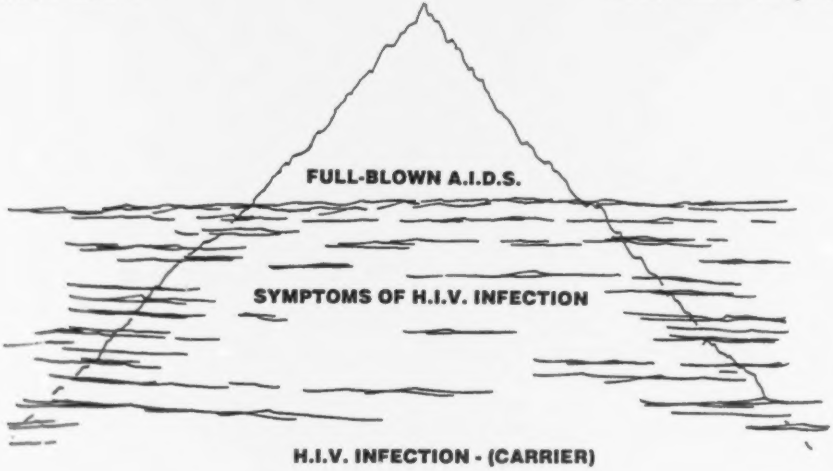
Assign homework. Homework is an Individual Exercise: HIV/AIDS, ***due tomorrow*** ! (Answers in Lesson 26)

AIDS Reference Sheet

"A.I.D.S." stands for **Acquired Immune Deficiency Syndrome**. It is a disease caused by a virus carried in the blood. The virus is called **"H.I.V." or Human Immunodeficiency Virus**.

HIV Infection

When you hear about a person who has **AIDS**, this means that his or her immune system is so destroyed by the HIV -- the AIDS virus -- that it has trouble fighting even minor illnesses, like the flu. These people get sick over and over, and they eventually die ... not from the HIV, but from some other disease their body is unable to fight off. These people have what is called **"full-blown AIDS."** It is fatal (they die) within about three years of the time they first develop it. The most common things people with AIDS die from are a rare kind of cancer and a rare kind of pneumonia.



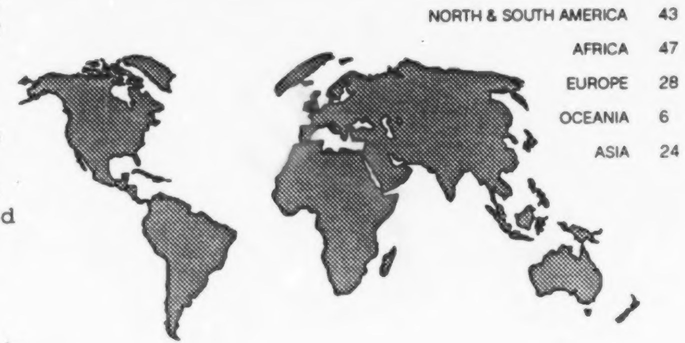
Some people who have the virus, though, don't develop those cancers and pneumonias. They don't develop any of the particular things we recognize as "AIDS." They may have some symptoms of weak immune systems (they may even die, though many do not) but they don't actually have what we call "full-blown AIDS." We say these people have **"symptoms of HIV infection."**

Most people who have the virus, don't show **any** symptoms. They can pass the virus to others if they have sex, share needles, or get pregnant, but they are not sick themselves. Many, if not all, of them will develop symptoms or full-blown AIDS within 1 to 15 years. Maybe some will not. In the meantime, they feel fine. They are **"HIV infected"** or **"HIV positive carriers."**

Where did AIDS come from ?

AIDS is found all over the world today. No one knows for sure where it came from. The virus may have passed from animals to humans somehow, changing (mutating) just enough to become deadly in its new host. Several animals carry AIDS-like viruses that do not harm humans. But all living things, including viruses, can mutate. Perhaps an animal virus mutated and a hunter caught the animal. If he or she was cleaning the meat and got a cut, that virus could have infected the human. This is one hypothesis, but no one knows if it's true.

NUMBERS OF COUNTRIES REPORTING CASES OF AIDS TO THE WORLD HEALTH ORGANIZATION BY CONTINENT *—AS OF MAY 1989*



Our natural environment is constantly mutating. AIDS could have started anywhere ... we have to be careful not to look for scapegoats (people to blame). No matter where it came from, AIDS is an STD, so once it ***got*** into a human host, it began to spread from person to person through sex. Today, it's found all over the world. This illustration shows how many countries report AIDS cases to the World Health Organization (WHO). There are also countries that don't report.

In Africa and elsewhere, the AIDS virus infected the heterosexual population first. Since heterosexual people have sex with people of the other sex, and since AIDS is an STD, the virus spread mostly from male to female and female to male. In North America, the virus first infected the male homosexual population, so it passed mostly from male to male and most people who got it (at first) were gay men. (Gay women, lesbians, don't exchange body fluids much during sex, so they rarely catch or transmit this virus or other STDs.)

Some people also became infected by blood transfusions, before we began testing blood in 1985. (This rarely happens nowadays.) Some of these people were in the hospital for operations; others were people with a disease called hemophilia. Hemophilia is a birth defect that prevents people's blood from clotting. When most people get a cut, it forms a scab and heals. When hemophiliacs get a cut or bruise, their blood doesn't clot; they could bleed to death. They have to have many transfusions during their lives, so they don't bleed to death. Sometimes those transfusions, epecially before 1985, contained HIV. Now that we can test blood for HIV antibodies, transfusions are very unlikely to transmit the virus.

AIDS Reference Sheet, continued ...

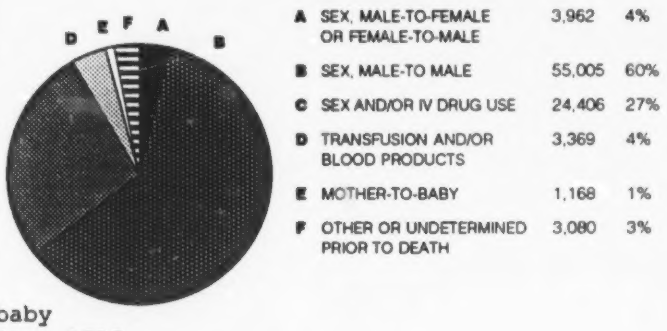
So How is the Virus Spread Today ?

There are three ways. It has to get directly into the blood. This can happen when an infected person shoots up (injects drugs into a vein), then shares the needle with someone else. It can happen if an infected woman becomes pregnant. The HIV travels from her blood, to the baby's, through the placenta. Infection can also happen during sex, if semen or vaginal fluids get through a break or a sore spot in the skin of the other person's penis, mouth, rectum, or vagina. A break in the skin can be so small it can't be seen or felt. Anal sex (where the penis is in the anus) is riskiest because the skin of the rectum tears easily and blood vessels are close to the surface of the skin.

In the U.S., the virus is spreading more into the heterosexual population than it was a few years ago. Most of the women with AIDS became infected by needle sharing or by having sex with a man who shared needles. The "unknown risk" group in this chart, includes people who died before they could be interviewed. Some children who have HIV today, were infected by transfusions before we knew how to test the blood. ***Most*** of the children who have it today are babies born to women with HIV. About half the babies born to infected women become infected in the uterus. A baby born with HIV usually develops AIDS and dies within three years, because its immune system has not developed enough yet and can't fight the virus well.

full blown

CASES OF AIDS IN THE UNITED STATES BY MODE OF TRANSMISSION *—1981 THROUGH MARCH 1989*



A	SEX, MALE-TO-FEMALE OR FEMALE-TO-MALE	3,962	4%
B	SEX, MALE-TO MALE	55,005	60%
C	SEX AND/OR IV DRUG USE	24,406	27%
D	TRANSFUSION AND/OR BLOOD PRODUCTS	3,369	4%
E	MOTHER-TO-BABY	1,168	1%
F	OTHER OR UNDETERMINED PRIOR TO DEATH	3,080	3%

How Does the Virus Harm the Immune System ?

A virus is a bundle of genes with a protein coating. It is able to copy itself and it needs to be in a living cell to do so. Once *this* virus -- HIV -- gets into the blood, it invades the white blood cells, especially ones called "T-Helper cells" that are the coaches of the immune system. Sometimes it stays dormant, sort of sleeping within the host cells. Other times the HIV turns T-Helper cells into little virus factories, producing more and more HIVs. Eventually, the cell bursts, and the new HIVs infect other T-Helper cells, and so on.

With its coaches (the T-Helper cells) out sick, the other parts of the immune system have no one to tell them what to do. So they stop fighting off new diseases.

Will Everybody in the World Catch AIDS Eventually ?

NO! Now that we understand what causes it and how people catch it, it's clear that AIDS is completely preventable. After all, it's hard to get. It has to get directly into the blood. It's not like a cold or measles, which you can get just by being in the same room with an infected person. *Don't forget, there are only 3 ways the HIV is normally spread:*

1. ***Blood to blood transmission:*** *mainly needle sharing*
2. ***Certain kinds of sexual touch:*** *mainly vaginal intercourse (penis in vagina), oral intercourse (mouth on genitals or anus), and anal intercourse (penis in anus)*
3. ***Woman to fetus (developing baby)***

That means you ***don't*** have to worry about:

social kissing (the kind friends and family members exchange).
sharing food, forks, cups, or drinking fountains.
mosquitoes.
hugging, backrubs or **any** *touch that doesn't involve semen or vaginal fluids. (Even if your friend had AIDS, a hug or a backrub would be perfectly safe.)*
sharing a seat on the bus.
going to school with a friend who has AIDS.
living with a family member who has AIDS.
giving blood at a blood bank.

These things are **completely safe**.

There is **probably** no risk from *French kissing.*

"French" or open-mouth kissing, theoretically, could pass HIV, but we don't believe it ever has. There is very little HIV in the saliva of people with AIDS ... apparently not enough to pass the germ ... and even if there were particles of blood in the saliva, there are chemicals in the mouth that kill HIV.

There is only a **very, very small** risk from *getting a blood transfusion.*

Suppose you were in a car accident, and you were badly injured. You needed a blood transfusion. You were afraid of catching AIDS. You would be far *more likely to die from turning down the blood transfusion, than to catch HIV from the transfusion ... because all blood is tested these days.*

AIDS Reference Sheet, continued ...

So, How Can HIV Infection be Prevented?

ABSTAINING FROM SEX:

Not forever, just for now ... the safest thing is to wait to have sex until you're older ... when you find someone you want to stay with for years, someone who you trust to only have sex with you and vice versa, someone who doesn't share needles to shoot drugs. If you are both free of HIV in the first place, sex will be 100% safe.

ABSTAINING FROM DRUGS:

The safest thing is to never shoot up ... or use *any* kind of mind-altering drugs. Even using alcohol can mess up people's ability to make decisions. After they've been drinking, they are more likely to have unsafe sex, because they stop thinking clearly.

PEOPLE WHO DON'T ABSTAIN FROM SEX can reduce the risk of getting or giving HIV by using a latex condom, and using it correctly. Condoms are not perfect (they can tear or leak), but they are far, far better than no protection. People can also reduce the risk of getting the virus by not having sex with people they think *might* have it. You can't tell if people have it by looking at them ... and in most cases they don't know if they have it either ... but it would be wise not to have sex with someone, for example, who *used* to shoot drugs a couple of years ago, unless she or he had a negative blood test 6 months or more after the last time she or he shot up. (A negative blood test is one that says there are no antibodies to the virus.)

PEOPLE WHO ARE ALREADY ADDICTED TO INTRAVENOUS DRUGS (drugs that they shoot up) can protect themselves, until they are able to quit, by not ever sharing needles or by learning how to sterilize their needles.

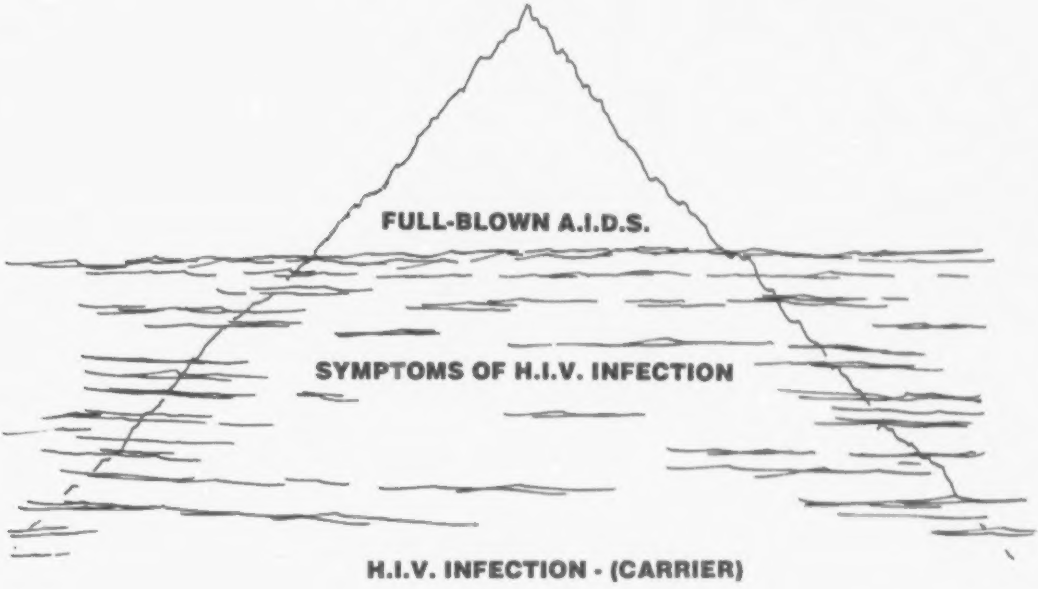
PEOPLE WHO THINK THEY MIGHT HAVE THE VIRUS can prevent giving it to a baby, by getting tested before starting a pregnancy.

AIDS IS ONE OF THE FEW
ENTIRELY PREVENTABLE DISEASES

... YOU CAN DECIDE NOT TO RISK GETTING IT.

Much of the Reference Sheet was reprinted, with permission, from "AIDS: What You and Your Friends Need To Know," Ann Downer and Leslie Miller, 1987, AIDS Prevention Project, Seattle, King County Department of Public Health.

AIDS Transparency 1


FULL-BLOWN A.I.D.S.
SYMPTOMS OF H.I.V. INFECTION
H.I.V. INFECTION - (CARRIER)

AIDS Transparency 2

CASES OF AIDS SO FAR

IN OUR COUNTRY ________ cases

IN OUR STATE ____________ cases

IN THE UNITED
STATES _________________ cases

ABOUT HALF OF THESE PEOPLE
HAVE ALREADY DIED

ESTIMATED NUMBER OF PEOPLE ALREADY INFECTED WITH H.I.V. IN THE UNITED STATES ________

Individual Homework Exercise: HIV/AIDS

NAME ______________________________ PERIOD _______

1. *WRITE EACH OF THESE TERMS NEXT TO ITS CORRECT DEFINITION:*

HIV AIDS CARRIER

_______ a. a *fatal condition* in which the body stops fighting off disease. (A person who has it will develop certain rare diseases, and will die.)

_______ b. an *organism* (germ) that sometimes causes the body's immune system to shut down.

_______ c. a *person* who has the AIDS virus, but looks and feels fine ... even though they're contagious.

2. *MARK THE FOLLOWING TRUE (T) OR FALSE (F).*

_____ a. People can catch HIV (the AIDS virus) by having sex with someone who has it.

_____ b. Only homosexual sex transmits HIV.

_____ c. People who share needles to "shoot up" drugs can pass along HIV.

_____ d. People are very unlikely to catch HIV from transfusions any more.

_____ e. Teens are safe from HIV if they only have sex with other teens.

_____ f. Most people who have the HIV virus know it.

_____ g. If a person has the HIV virus, they can transmit it, even if they don't have full-blown AIDS.

_____ h. Mosquitos can transmit the HIV virus.

_____ i. People can have the HIV virus for many years without developing symptoms.

_____ j. People can catch HIV by using the same dishes or silverware as a person who has it.

_____ k. Sneezing can transmit the HIV virus.

Homework, continued ...

_____ l. Sexual intercourse (penis/vagina) can transmit HIV from male to female and vice versa.

_____ m. It is very risky to French kiss.

_____ n. People have gotten HIV through sweat and tears.

_____ o. Oral sex (mouth/genitals) can possibly transmit the virus.

_____ p. Anal sex (penis/anus) can transmit the virus.

3. *WHICH OF THE FOLLOWING REALLY ARE WAYS PEOPLE CAN REDUCE THEIR RISK OF GETTING AIDS?* (check them)

a. ____ **Don't have sex.**

b. ____ **Don't go to school or work with anyone who has AIDS.**

c. ____ **Don't shoot up drugs.**

d. ____ **Only have sex with one person in their lives, who only has sex with them.**

e. ____ **Don't hug or shake hands with anyone who has AIDS.**

f. ____ **Always use latex condoms when they have sex.**

g. ____ **Take a bath or shower every day.**

h. ____ **Don't give blood.**

i. ____ **Only have sex with people who look clean.**

j. ____ **Always use sterile needles (whether getting a shot, giving blood, piercing an ear, getting a tatoo, or whatever).**

NOTE: This homework is due *tomorrow*.

Lesson Plan 26

STDs

Day 3: HIV/AIDS Its Impact on People

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Recognize that teens and others ***like*** him/herself can become infected with HIV.
2. Explain that denial is a common, but dangerous, response to difficult issues.
3. Verbalize the importance/worth of maintaining or adopting behaviors which minimize risk of giving or getting HIV and other STDs.

MATERIALS NEEDED:

PHOTOCOPIES
One transparent set of ...
AIDS Transparencies 3-9

VIDEO: *AIDS-Wise, No Lies* *

TIME NEEDED:
one or two class periods

* NOTE: This is the only lesson in ***9/10 FLASH*** for which a video is essential. For other lessons, videos are optional. This video, *AIDS-Wise, No Lies,* is distributed by New Day Films. (212) 477-4604. (22 minutes)

AGENDA:

1. Explain the lesson's purpose.
2. Review and discuss yesterday's homework to reinforce the cognitive information.
3. Show the video to personalize and "make real" the disease, AIDS.
4. Use AIDS Transparencies 3-9 to guide a discussion about denial.

ACTIVITIES:

1. Explain the lesson's purpose:

   Today we're going to briefly review what you learned yesterday. Then we'll see a video and spend the rest of the period examining people's ***attitudes*** *about AIDS. Let's start with that review.*

2. Have people get out last night's homework. Go around the room, initialling people's completed assignments, so you'll have a record, later, of who gets credit. Then hand out replacement copies to those who have **not** completed theirs. Ask everyone to fill in or **correct** their papers as you go over the answers. Have volunteers take turns giving their answers aloud; discuss any where there is disagreement. The correct answers are:

   1. a. AIDS b. HIV c. CARRIER

   2. a. T b. F c. T d. T e. F f. F
   g. T h. F i. T j. F k. F l. T
   m. F n. F o. T p. T

   3. People can **REALLY** reduce their risk by the following (these should be checked):

      a. Don't have sex.
      c. Don't shoot up drugs.
      d. Only have sex with one person in their lives ...
      f. Always use latex condoms when they have sex.
      j. Always use sterile needles ...

      None of the other items (b,e,g,h,i) should be checked; they would not influence a person's risk **at all**.

3. Explain the transition from information to attitudes:

   OK, you guys know your information very well. But, you know that information, alone, doesn't necessarily affect people's behavior ... their attitudes (feelings and beliefs) influence their decisions, too. Let me give you an example. How many people here have been told by your parents or your dentist that you are less likely to ever need false teeth if you floss every day? **(Notice the approximate number of hands: 1/2 the class? 3/4?)** *Now, how many of you have flossed every single day for the last two weeks?* **(Notice the difference: far fewer, probably.)**

   That may be because it feels like "too much bother" to floss, or because you don't really believe the advice, or because you don't think it will really happen to you, etc. The same principle applies to any health behavior ... including behaviors that put people at risk for AIDS. The facts aren't enough. So the video you are about to see focuses on people's attitudes: their feelings and beliefs.

This video, entitled "AIDS-Wise, No Lies," is about how it feels to be a young person growing up in the age of AIDS. You will meet ten individuals whose lives have been touched in some way by AIDS. These are all real people, not actors. *

Introduce them, writing each name on the blackboard as you describe the person's age and situation:

Terry, age 23 is from Seattle. He's into his motorcycle, and he plays in a rock band. He does not have AIDS.

Mohammed, is 18 and a San Francisco high school student. He writes and performs rap music. He also does not have AIDS.

William, age 18, is a good friend of Mohammed. He, too, is a musician and he doesn't have AIDS.

Sara, 18 years old, is from Seattle. She attended an alternative high school and now works in a record store. She doesn't have AIDS.

Dominique, age 18 and a Seattleite, lived on the streets for five years. Until recently, she was a drug user.

Edgardo, in his 30's, is a former teacher living with AIDS.

Pam is in her early 30's. She and her husband, who live in Washington State, are living with AIDS.

Wayne, age 33, is a single parent from California. He is a craftsman with AIDS.

Rick, 34 years old and a Californian, too, is an artist with AIDS.

Reggie, in his early 30's, is a hospital technician in San Francisco and he has AIDS, too.

Some people have a very emotional response to this video, because it's honest and because it's personal. We'll talk about it afterwards and you'll have a chance to voice those reactions.

You may want to invite students to talk with you or a family member privately if the video generates feelings they don't want to discuss in class.

Show the video. Let the show run through the final credits before turning on the lights, in order to allow students a chance for gradual emotional "re-entry." (It is, after all, "specifically aimed at addressing adolescents' feelings of denial and invulnerability" ... while leaving them "feeling empowered, knowing that they are largely in control of their risk.")

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* Much of this lesson plan is directly quoted or adapted, with permission, from the *"AIDS-Wise, No Lies Study Guide"* by Ann Downer, copyright 1988, Current-Rutledge Ltd. (The guide comes with the video. All of it is excellent. We highly recommend your using it if you can allot more time than this to the issues raised by the video.)

4. After the video, ask for any immediate questions or comments. Give people a chance to digest the video by asking which individual affected them most. You may want to share the fact that Wayne (the father) and Rick (whose friend wouldn't go to lunch with him any more) have passed away since the film was made.

   One at a time, put each of the Transparencies on the screen and have a student read the quote aloud. The questions below will help generate discussion. The first four Transparencies address denial; the last three speak more to behavior and decision-making. (If you only have one period for this lesson, you'll probably only have time for one or two Transparencies; if you can allow a second day, you'll have time for all seven.)

Transparency 3: Terry, Wayne

Does AIDS seem very real to you when you hear about it on the news?

How can you tell whether kids at our school really take AIDS seriously? Do they think they're invulnerable, as Wayne says ... or do they really believe that they and their friends could catch the virus?

Transparency 4: Sara

Do kids at our school think this way?

If someone at our school got AIDS, what would everyone think? How would people act?

Transparency 5: Mohammed, William, Edgardo

Why would any group -- Whites, Blacks, Hispanics, heterosexuals, teenagers -- want to think AIDS is not their problem? Why is people's denial so strong?

How do you convince people that AIDS is real, that it is potentially risky to anyone, regardless of race, religion or sexual orientation?

Transparency 6: Pam

What stereotype do people have about folks with AIDS? What do people expect when they hear there will be speaker who has AIDS? How are stereotypes dangerous?

Transparency 7: Rick

What do you suppose Rick meant by the term "nothing outrageous"?

If you decided you didn't want to take even a single risk, how would you deal with someone who didn't seem to care about risks?

Transparency 8: Dominique

Dominique is making a tremendous change in her life. It sounds easier than it will probably be. What can she do to make it easier to stick with her decision? Imagine a situation in which she might be tempted and tested ... what could she do to strengthen her self, knowing that those times will probably happen?

Transparency 9: Reggie

What do you think Reggie means by "committed relationships"?

What are the options these days for remaining healthy? Does your generation have to give up the chance of ever loving?

Summarize by asking the class: *What is denial and why is it dangerous?*

You may want to take four minutes, in closing, to draw the connection between this last Transparency and the earlier lessons in this unit on ***touch***. Have pairs of students, if they choose, give one another two minute shoulder rubs. (Encourage participation, but remember it's always OK to "pass".)

AIDS Transparency 3

"Viewing AIDS in the news it's like ... something really big and like it would hurt you bad, but when that's done, you close the magazine or turn off the TV and you think, 'Well that was a scary vision, but everything's OK.' And ... everything's cool."

.... Terry

"I just feel that it's important that people ... know that they are not invulnerable to this."

.... Wayne

AIDS Transparency 4

" When somebody dies of AIDS, you're immediately going, ` oh, AIDS, huh well that means either he's gay or he was doing drugs.'And it's like, I don't do drugs and I'm not not gay ... (so why worry?)"

...Sara

AIDS Transparency 5

"I always thought it was a white disease ... a white, gay disease."

...Mohammed and William

"I think there is a lot of denial in both Black and Hispanic communities about getting AIDS. (People think all) the victims are IV users or homosexuals."

...Edgardo

AIDS Transparency 6

"People are always surprised when I do some sort of talk. I mean, I don't give people the impression I would be the person on the panel with AIDS, and my husband doesn't either. We look like Ward and June Cleaver, just very middle class people that had a very normal life before all this kind of happened.

... Pam

AIDS Transparency 7

"I'm 34 years old. I'm hoping to live to 35. I don't know who I caught (the AIDS virus) from. I have had sexual experiences but nothing, you know, nothing outrageous."

...Rick

AIDS Transparency 8

" I decided to straighten up and, you know, get clean from drugs and get off the streets. And I've been celibate. Because if I were to become pregnant, to find out later on that I have AIDS -- my baby would have AIDS -- and that's something that I ... I just couldn't do. "

...Dominique

AIDS Transparency 9

" ... I think a lot of people are wanting to get into committed relationships and not just think about having one partner after another, and I think that's very, very positive. We have to let (kids) know what all their options are. They have the power to choose."

....Reggie

Lesson Plan 27

STDs

Day 4: Epidemiology

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Cite at least 2 reasons curable STDs have not been eradicated.
2. Cite at least 2 reasons the rates of STDs are increasing.
3. Name at least one hotline or agency available in his/her own community to help with STDs.

MATERIALS NEEDED:

PHOTOCOPIES
One per student of ...
   STD Resource List *
One class set of ...
   Epidemiology Cards,
      Round 1 (on colored paper, 3 copies of each page, cut into a total of 30 "Cards")
   Epidemiology Cards,
      Round 2 (different color)
One transparent set of ...
   Epidemiology Transparencies
      1 and 2

TIME NEEDED:
one class period

* If you live outside King County, WA, compile a *local* STD Resource List (Activity 2) before photocopying. We have provided a master.

AGENDA:

1. Explain the lesson's purpose.
2. Have students present oral Field Trip Reports on "STDs: Tests and Treatment." Hand out, read aloud, and discuss the STD Resource List.
3. Define "epidemiology" and discuss the concept.
4. Do the "Epi (pronouced "*eppy*") Exercise (using Epidemiology Cards and Transparencies) to dramatize the spread of STDs and the vulnerability of persons who share sexual touch.
5. Discuss individuals' ethical responsibilities and the role of Public Health epidemiologists. Summarize the lesson.

ACTIVITIES:

1. Explain the lesson's purpose:

   Today we'll take a look at where people can get help with STDs and how, if they don't, STDs might actually spread through a high school.

2. Have students share their oral field trip reports on "Sexually Transmitted Diseases (STDs): Testing and Treatment." See lesson 1 for a Field Trip Grading Form (with criteria). Make sure to make at least one specific, positive comment about each report, as the student finishes. Then, put plenty of specific feedback in writing, on the written version of the report.

   Ensure that the class knows (even if Reporters fail to mention) these things:

   > *Young people aged fourteen and up can get tested and treated for STDs without having to involve their parents. Their parents* ***will not be notified*** *by the doctor or the Public Health Department, in Washington State.* (Find out your own state's laws regarding adolescents, if you live elsewhere.)

   > *The former is certainly not ideal. It is difficult enough to go to the doctor about something like STDs, without having to go by one's self ... Thus, it's great if teens* ***can*** *talk with their parents, but the law doesn't require it.*

   Hand out, read aloud and discuss the STD Resource List.

   NOTE: If you live outside of King County, WA, you will have compiled your own *local* Resource List ... for which we have provided a blank "master."

3. Define "**epidemiology**" as: *the study of how diseases spread through populations.* Write the word on the blackboard.

   Introduce the concepts of the lesson by starting with a brief history lesson:

   Some STDs have been around for thousands of years. Syphilis and gonorrhea, for example, date back to ancient times. Throughout most of history, nothing could be done about them; they were neither preventable with immunizations, nor curable. So they spread.

   We still cannot ***prevent*** *STDs with immunizations, the way we prevent polio, measles, etc. The only STD for which we have an immunization is hepatitis B. Research is going on right now to develop immunizations against AIDS, gonorrhea and chlamydia.*

However, since the 1940's (when penicillin was discovered), syphilis and gonorrhea have been curable. Most other STDs are curable today, too. So, even without immunizations, you would think we could eliminate the curable ones from the earth, by people getting treated and stopping their spread.

a. Ask the class: *Why do you suppose curable STDs are still around? Why haven't they been eliminated?*

If they don't come up with all of the following, you fill in the gaps. *Curable STDs are still around because*

... people don't always realize the risk ... their partners are nice, clean, healthy, caring people who (they think) are not "the kind of people with diseases" *(make sure the class knows the latter is ludicrous)*

... people don't always get symptoms.

... people who get symptoms don't always recognize them or realize how serious they are.

... people may be reluctant to get treatment if they're afraid of knowing for sure, or of the check-up itself, or of confidentiality.

... people may not get treatment because they think they can't afford it or they don't know where to go.

... people don't always tell their partners, either because they don't care or because they feel afraid, angry, embarrassed, or guilty.

... people sometimes start having sex again too soon after treatment, if their symptoms have disappeared, even though the doctor has not told them they are cured.

... doctors don't always recognize an STD, especially if there are more than one present, and the doctor is not a specialist. (Specialists can be found in STD and family planning clinics.)

b. Pose a rhetorical question: *Are they really an epidemic or does it just seem that way?*

It's actually both: the number of people with STDs is growing **AND** society is becoming more aware of an existing, serious problem.

c. For discussion, ask the class to: *make some guesses about why there are actually more cases of STDs today than ever before.*

Again, if they don't come up with all of the following, you fill in the gaps: *There are more cases of STDs today because*

... there are more young adults (the group at greatest risk).

... the average number of sex partners in people's lives has increased (fewer people wait until marriage and then remain monogamous until death).

... the average age of first intercourse has declined and teenage women's cervixes are more vulnerable than adult women's ... a teen's body ***seems*** mature, but really isn't.

... fewer people are becoming infected with oral herpes (cold sores) in childhood, so more are entering adulthood without any immunity to genital herpes. (Oral herpes antibodies provide *some*, limited protection against genital herpes.)

... fewer people use condoms than in previous generations (or at least this was true until the advent of AIDS), because they have other birth control options.

d. Now ask the class to: *make some guesses about why it might* ***seem*** *as if there is an even greater increase in STDs than there really is.*

As before, elicit as much from the class as you can, and fill in the rest of these factors: *It may seem like there's an even greater increase than there is, because*

... this generation is more willing to talk about STDs and STDs receive greater media coverage.

... doctors are being more honest with patients. (Some used to treat infections without telling the patient what she/he had or where it came from.)

... more doctors can diagnose STDs. (There was a time when only "venereologists" were knowledgeable about STDs; now, many gynecologists, urologists, and general/family practitioners can diagnose STDs.)

... new STDs are being identified.

... there's been a resurgence of awareness/alarm due to herpes and HIV, because, in the 1940's - 70's all the STDs we knew of could be cured and now there are some which can't ... one of which is often fatal.

4. Explain that it's time to trace the path of a disease through a population: your own high school.

NOTE: To prepare for the Epidemiology Exercise (below), you will have, in advance:

> made 3 copies of each page of Epidemiology Cards for this class period ... "round one" Cards should be a different color from "round two" Cards, so they don't get mixed up.

> cut each page on the dotted lines, so that you have a total of 30 Cards for round one, and 30 for round two ... for each period of the day (the cards will not be reusable).

> photocopied Epidemiology Transparencies 1 and 2.

Conduct the Epidemiology Exercise. Here's how:

Explain that the object of this exercise is learning; ***there is no winner.*** Mention that today, more so than in some lessons, ground rules will be crucially important. Remind everybody of the ground rules they established at the beginning of the unit.

Round one ...

a. Have each student take a round one Card, get a pen or pencil, stand up and begin to mill around. You should participate, too ... and you should be one of the individuals with a "G" on your Card. (It will alleviate some students' awkwardness if ***you*** [the teacher] are the first individual identified with an infection.)

b. After 10-15 seconds, say, "Stop." Have each person find a partner and shake hands ... *except* the "A"s (whose Card, says "A" and represents abstinence). "A"s should shake their ***own*** hands.

c. Have each person write, in the space marked "1", the name of the person whose hand they shook.

d. Have everyone resume milling, and repeat steps **b** and **c**, writing names in the blanks marked "2" and "3". "A"s should continue to shake their own hands.

e. Have everyone sit down.

f. Ask them to imagine that each handshake was a sexual encounter. Begin with Epidemiology Transparency 1, asking the other 2 people (besides yourself) whose Card has a "G" to tell you their names. Write their names (including your own) in the 3 blanks on line 1. These 3 folks started out with genital herpes.

g. Begin by naming the first person with whom you shook hands. Suppose it was Mike. Write his name underneath yours. Now ask "Mike" what letter is on *his* Card.

   If it's also "G", explain that you and he *both* started out with Genital Herpes. You may now have outbreaks at more than one site.

If Mike has an **"L"**, explain that he's smart; he **Looks** at a partner's genitals. He knows not to have sex if there are sores, lumps, or unusual discharge. Let's assume that you had symptoms, since people often do when they are contagious with herpes, and that "Mike" decided against risking sex; you just held hands or cuddled. He did not catch herpes; cross his name off. (Sometimes "looking" does not work with herpes; a woman's sores might be internal, or a male ***or*** female might be contagious without any sores. So don't always let the "L"s off the hook.)

If he has a **"T"**, explain that he is smart; he knows that **Talking** is important. He talked with you ... asked if you would tell him if you *did* have an STD and assured you that *he* would always be honest with *you*. That helped you to be brave enough to tell him that, indeed, you did have herpes, but that you had no sores at the moment. You had sex and he caught the herpes despite your lack of symptoms; it *is possible* to transmit herpes when there are no symptoms, especially in the first 6 months after initial infection ... so you *should* have used a condom. He caught the virus. (Sometimes you can let the "T"s off the hook. They may be lucky and the person they talk to *does* know whether he/she is contagious.)

If he has an **"I"**, explain that "Mike" thought,"*It can't happen to me.*" Thus, he didn't worry whether you might have an STD. He caught the herpes.

h. Repeat "g" for the second person on line 1.

i. Repeat "g" for the third person. Now, you've completed tracing one handshake. Next write the names of each infected person in the *second* handshake section of the Transparency. There may be as many as 6 names, with a space under each.

j. Repeat step "g" for each person who was infected by the second handshake. Next, write the names of all who are ***now*** infected, in the third handshake section. There may be as many as 12, with a blank under each.

k. Repeat step "g" for each person who was infected by the third handshake. There may now be as many as 24 infected people.

l. Review with them what ***all*** the symbols on their Cards represented. Point out that those whose Cards said "A" chose to abstain and did not end up infected. Also if any letter did not come up, explain what would have happened if it had.

Round two ...

a-e. If you have time (this will depend upon how many oral reports were presented) repeat the Epidemiology Exercise (steps a-e above), using "Round 2 Cards". Note these three changes from round one:

Your tone should become more sober; you are about to trace a fatal disease.

"M"s must shake with another "M" -- same person all 3 times -- because "M" represents Monogamy.

"F"s only shake on the first two handshakes. On the third handshake, they shake their own hands -- because "F" represents deciding to have Fewer partners in one's life.

f. Use Epidemiology Transparency 2 to trace the spread of the AIDS virus, beginning by writing the names of the "H"s on line 1.

g. As you trace the spread, suppose "Kathy" says she shook hands, first, with "Mary". Write Mary's name below Kathy's and ask Mary what letter *her* Card had.

If it's also "H", she had already been exposed to **HIV** and **may** be more likely, now that she's had repeated exposure, to develop full-blown AIDS. (Of course, she might have done so anyway.)

If it's an "R", they used **Rubbers**, or shared safer touch ... *not* vaginal, oral or anal intercourse; instead, hugs, back rubs, etc. "Mary" is probably fine -- cross her name off. (Since condoms *do*, on rare occasions, leak or break, do not always let the "R"s off the hook. Condoms are 83-98% effective against STDs, depending on how carefully and how consistently they are used.)

If it's an "F", Mary had **Fewer partners**. By deciding to limit the number of people she had sex with in her life, she was trying to reduce her risk ... and she did. But, sadly, this shows that it only takes once. She got infected. She may or may not go on to develop full-blown AIDS, but, in any case, she is now contagious.

If it's a "D", Mary uses **Drugs**. Whether or not she "shoots up", her immune system has been weakened by the drugs ... even alcohol. She is even more vulnerable. She not only catches the virus from "Kathy", but is more likely than she would have been to actually develop AIDS from it. The same would be true if her immune system had been weakened by many previous illnesses, not enough sleep, an unbalanced diet, etc. Taking good care of yourself is no guarantee, but it can't hurt. In any case, "Mary" has acquired HIV.

If it's an "N", "Mary" took **No Precautions**. She's like the "It-can't-happen-to-me" people in Round One. She caught the virus.

h. Repeat step "h" for the second person on line 1.

i. Repeat step "h" for the third person. Now, you've completed tracing one handshake. Next, write the names of each person who's infected in the second handshake section (up to 6 names), with a blank below each.

j. Repeat step "h" for each person infected by the second handshake. Write the names of all who are ***now*** infected (up to 12) in the third handshake section.

k. Repeat step "h" for each person infected by the third handshake. There may now be as many as 24 infected people.

l. Show them Epidemiology Transparency 4. Point out that those whose cards said "M", chose to be monogamous for life. They did not end up infected. (Of course, some may have been IV drug users and could have gotten infected *that* way, instead.) Point out that those who had an "F" were less likely to get infected, because they had sex with fewer people. Once is all it takes, but the more partners in a person's life, the greater their risk. If any letter did not come up, explain what would have happened if it had.

Also clarify that: ***neither herpes nor HIV is transmitted via handshakes ... these handshakes were only symbolic.***

Point out that: ***as in real life, most of the people who transmitted diseases in this exercise had no idea they were doing so ... they did not intend to infect someone they cared about.***

5. Finally, pose some of the following questions about people's (and Public Health's) responsibilities.

> *In Washington State it is illegal to knowingly transmit an STD ... but what if you lived in another state? Even if there's no specific law, is a person morally responsible to be honest with a sex partner about STDs? Why or why not? Would it make a difference if they were "certain" the other person gave them the infection?*

> *In some states there is a law requiring a test for syphilis prior to marriage (there is no such law in Washington State) ... but even if there is no specific law in our state , do you think a person is morally responsible to get tested for STDs before they get married, or before they get sexually involved with someone? Why or why not? How about before they get pregnant? Why or why not?*

> *Why do doctors* ***have*** *to report many STDs to the Health Department? Why does the Health Department have to protect people's (including teens') privacy?*

Epidemiology Cards for Round One

G. 1) ______ 2) ______ 3) ______

A. 1) ______ 2) ______ 3) ______

L. 1) ______ 2) ______ 3) ______

A. 1) ______ 2) ______ 3) ______

T. 1) ______ 2) ______ 3) ______

Epidemiology Cards for Round One, continued

I. 1) ____________ 2) ____________ 3) ____________

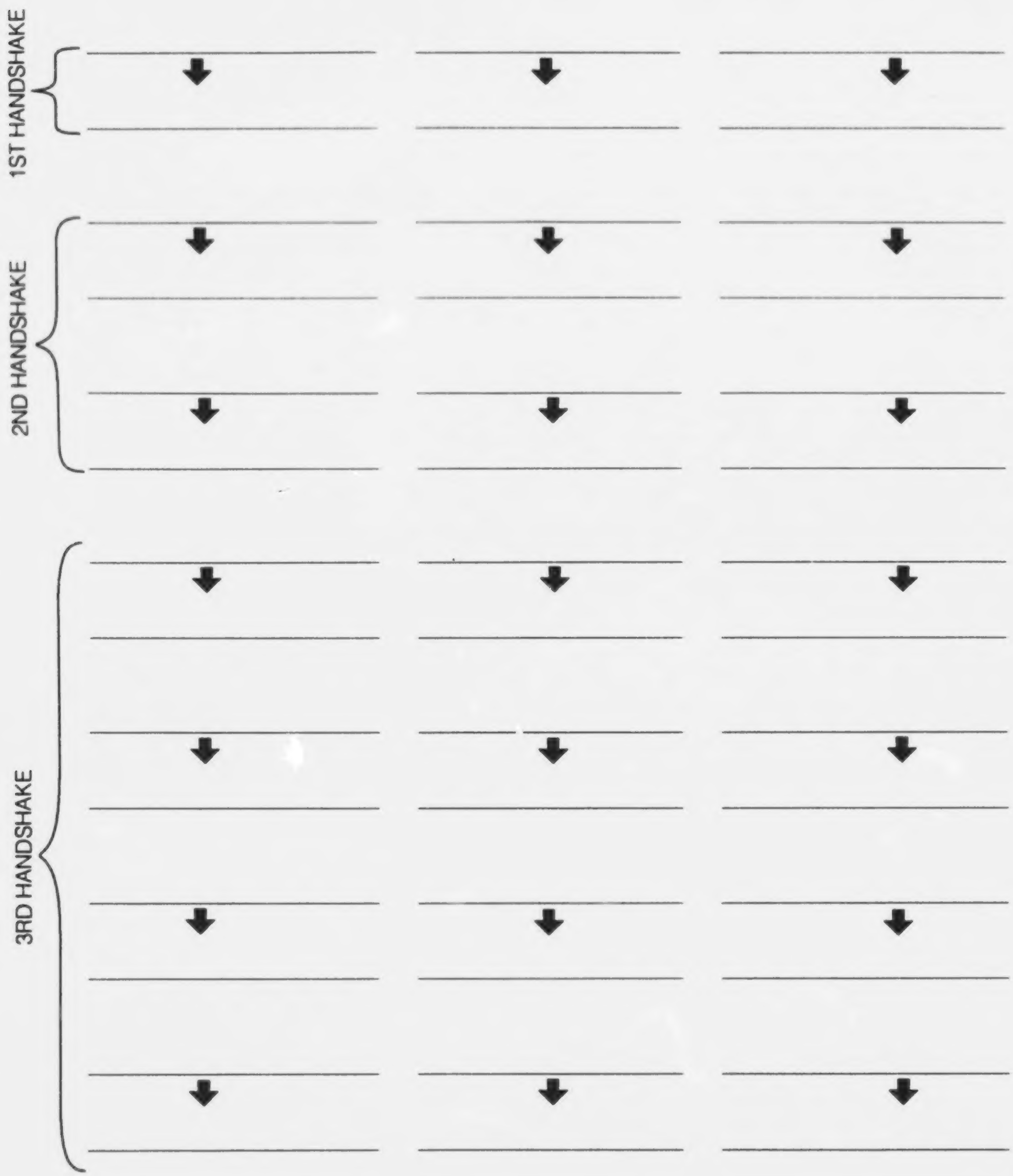
I. 1) ____________ 2) ____________ 3) ____________

I. 1) ____________ 2) ____________ 3) ____________

I. 1) ____________ 2) ____________ 3) ____________

I. 1) ____________ 2) ____________ 3) ____________

Epidemiology Transparency 1: The Spread of Herpes


1ST HANDSHAKE
2ND HANDSHAKE
3RD HANDSHAKE

Epidemiology Cards for Round Two

H. 1) ______________ 2) ______________

3) ______________

R. 1) ______________ 2) ______________

3) ______________

F. 1) ______________ 2) ______________

3) ______________

D. 1) ______________ 2) ______________

3) ______________

M. 1) ______________ 2) ______________

3) ______________

✂ -

N. 1) ____________________ 2) ____________________

3) ____________________

- -

N. 1) ____________________ 2) ____________________

3) ____________________

- -

N. 1) ____________________ 2) ____________________

3) ____________________

- -

N. 1) ____________________ 2) ____________________

3) ____________________

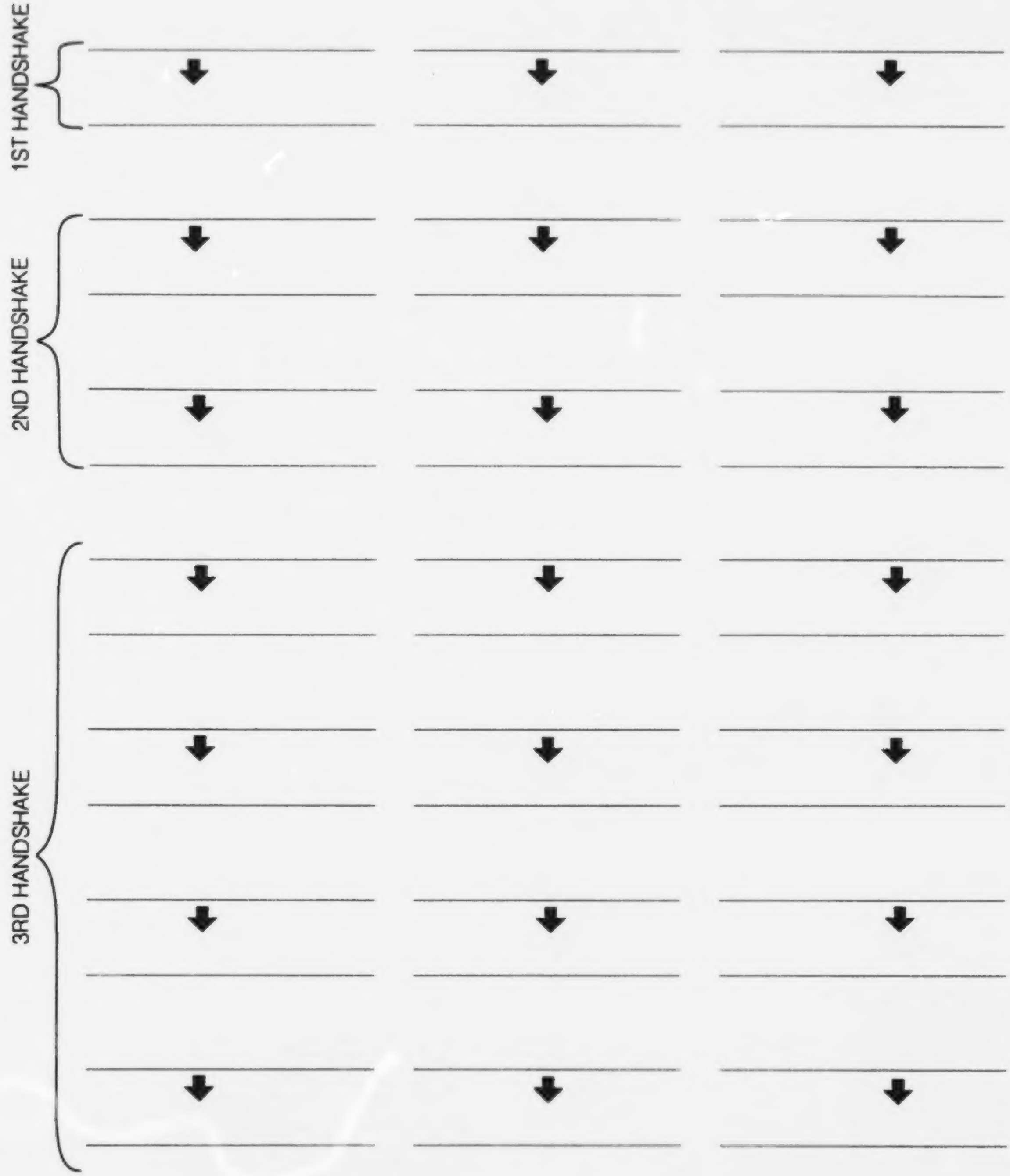
- -

N. 1) ____________________ 2) ____________________

3) ____________________

- -

Epidemiology Transparency 2: The Spread of the AIDS Virus


1ST HANDSHAKE
2ND HANDSHAKE
3RD HANDSHAKE

STD Resource List*

TESTING AND TREATMENT for STDs are available free or at low cost, at many community clinics and at any *Public Health* center. Free pamphlets are usually available, too. It is important to call first for an appointment. Interpreters are available in most languages (including sign-language) if the person making the appointment asks for one.

Auburn	296-8400
Bellevue	296-4920
Columbia City (South Seattle)	296-4650
Downtown (Seattle)	296-4772
Harborview Hospital (Seattle)	223-3590
Northgate (North Seattle)	296-4990
Renton	296-4700
White Center (West Seattle)	296-4620
Federal Way	838-5140

FREE PHONE LINES are available if you have questions.

In Seattle, call any of these (*only* free in Seattle):

AIDS Information Line	296-4999
Herpes Hotline	223-3272
Sex Information Line	328-7711
Crisis Clinic	461-3222

Anywhere in Washington State (free *only* in Washington):

Washington State AIDS Hotline	1-800-272-AIDS

Anywhere in the United States (free *only* in the U.S.):

National AIDS Information Line	1-800-342-AIDS
National VD Hotline	1-800-227-8922

A few non-profit **AIDS EDUCATION AND SERVICE PROGRAMS** include:

AIDS Spiritual Assistance	325-2421
American Red Cross	323-2345
Chemical Dependency Program	682-4695
Chicken Soup Brigade	328-8979
David Morgan AIDS Relief Fund	624-7493
Gay and Lesbian Teen Discussion Group	328-5996
Gay/Lesbian Adolescent Drop-in Group	747-4937
Hemophilia Program	292-6507
Northwest AIDS Foundation	329-6963
People of Color Against AIDS Network	632-0500
Parents and Friends of Lesbians and Gays	282-5004
Seattle Gay Clinic	461-4540
Social Workers Northwest	285-7877

* Model copy, for use in King County (WA).

STD Resource List*

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FREE PHONE LINES are available if you have questions.

Anywhere in Washington State (free *only* in Washington):
Washington State AIDS Hotline 1-800-272-AIDS

Anywhere in the United States (free *only* in the U.S.):
National AIDS Information Line 1-800-342-AIDS
National VD Hotline 1-800-227-8922

A few non-profit **AIDS EDUCATION AND SERVICE PROGRAMS** include:

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* Master copy, on which teachers outside King County (WA) can list their ***local*** resources.

Lesson Plan 28

STDs

Day 5: Communication

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Demonstrate assertive parent/child, doctor/patient, partner/partner communication regarding STDs and sexual health in general.

MATERIALS NEEDED:

PHOTOCOPIES
Two of ...
   Demonstration Script 4
Three of ...
   Sexual Health Role Plays
      (3 pages X 3 copies, each page cut in half = enough for one per team in a class of 36)

FROM EARLIER LESSONS
One per student of ...
   Communication Reference Sheet (lesson 9)
One transparent copy of ...
   Communication Transparency (lesson 23)

TIME NEEDED:
one class period

AGENDA:

1. Review ground rules.
2. Remind the class of communication skills (lesson 9) using the Communication Reference Sheet and Transparency.
3. Have volunteers demonstrate "*how-to*" communicate about STDs and other health issues, using Demonstration Script 4.
4. Have individuals and pairs of students write 1 or 2 scripts, reflecting good communication.
5. Facilitate role plays, expressing approval of assertiveness and listening skills.

ACTIVITIES:

1. Review the ground rules. Again, consideration for one another's feelings will be vital.

2. Introduce the Sexual Health Role Plays by reminding the class of the "good communication" skills they have been practicing throughout the unit. Ask people to glance back at the Communication Reference Sheet from lesson 9. Put the Communication Transparency (from lesson 23) on the screen, to summarize.

3. Have two volunteers enact Demonstration Script 4. As in lessons 9 and 23, comment on the success of the communication ... point out any of the following ways in which they utilized good communication skills:

   >> The players stood tall and looked at one another, without engaging in "power stares."

   >> They spoke loudly enough to be heard; they sounded like they meant what they said.

   >> They were honest and said what they had to, without trying to hurt the other person.

   >> They asked questions of one another to make sure they were understanding, and really listened to the answers.

4. Have the class divide into pairs. A few students may prefer to work individually; that's OK. Give each pair or individual one copy of a role play situation (A,B,C,D,E, or F).

   NOTE: Some students may express discomfort using examples in which unmarried couples are engaging in (or considering) sexual intercourse. It is perfectly OK to offer these students situations D, E or F (married couple, doctor/patient, parent/child communication, respectively) instead.

   Students' task: ***write a script,*** as if this were a scene in a play. They should be illustrating, through their script or role play, assertive ways to handle these situations.

   A script would look like this (put this on the blackboard):

   John: ____
   ____.

   Jane: ____
   ____________________.

   John: ____?

   and so forth.

Let them know that they need not perform their scripts. Those who do volunteer to, will receive extra credit for their efforts. Allow 6 or 8 minutes for the writing.

As students write, you can survey the group to see how many role plays you need to allow time for. If there seems to be enough time, have students trade their situations with you, and write a second script, before beginning the role plays.

5. Finally, invite teams who would like to enact their scripts, to do so for extra credit. After each role play, discuss the emotions involved and affirm the team for the particular assertive behaviors they demonstrated (e.g., making eye contact; standing or sitting tall; having a serious facial expression; using a fairly loud, confident tone of voice, etc.)

   Collect all the scripts, regardless of whether they've been enacted, so that you can give participation credit.

Sexual Health Role Plays

SITUATION A

SKILL PRACTICE WITH A PARTNER:
The Big "S" ... symptoms

Person #1:

You have been going with Person #2 for a couple of months and having intercourse for a month or so. You have just started noticing some itching around your genitals. You want the two of you to go, together, to a doctor. You haven't been seeing anyone else ... has your partner?

The scene begins with you calling to Person #2 from the end of the hall, after sixth period.

Person #2:

You have been going with Person #1 for a couple of months. He or she has been acting strange all day. You suspect something is wrong and you are scared that your friend has been getting involved with someone else. You certainly haven't.
The scene begins when Person #1 calls your name, from the other end of the hallway, after sixth period.

SITUATION B

SKILL PRACTICE WITH A PARTNER:
The flu

Person #1:

You have been going with person #2 for four months. You've had sex together a few times. A couple of weeks ago, though, when she or he was home with the flu you went out with someone else and ended up in bed with ***them***. You have just now noticed what looks like a genital wart.

The scene begins with you calling Person #2 on the phone.

Person #2:

Person #1 is the only person you have ever "slept with" ... had sex with. As far as you know, you are the only one for him or her, too. You have never really talked about whether you were going out with *only* one another, but you have sort of assumed that was the agreement.

The scene begins when your phone rings.

SITUATION C

SKILL PRACTICE WITH A PARTNER: first things first

Person #1:

You and Person #2 have been going together for a year. You've been talking about having sex. You want to talk about STDs before a decision is made. You think you should both get check-ups ... but you don't want to hurt or insult him or her.

You have been walking together, in silence, in the park. The scene begins when you sit down next to Person #2 on a bench.

Person #2:

You have been going with Person #1 for a year. You have wanted to have sex, but you have never pushed. You really care about Person #1, but you don't like talking about such private things.

You sit down on the park bench and she or he joins you.

SITUATION D

SKILL PRACTICE WITH A PARTNER: the baby

Person #1:

You and Person #2 have been married for almost a year. Today you went for your first prenatal visit (yes, you're pregnant) and the doctor told you you have chlamydia.

The scene begins, a few hours later, when Person #2 comes home from the store.

Person #2:

You have wanted a baby for a long time and you are so excited that your wife is pregnant! You had to be at work today, when she went to the doctor, but you stopped at the store, just now, on your way home and bought her a card and flowers. You can't wait to hear about her first prenatal visit this morning.

The scene begins as you get home.

SITUATION E

SKILL PRACTICE WITH A PARTNER: tell me more

Person #1:

You are visiting the doctor (Person #2) for an STD check-up, because you have noticed some sores around your genitals. You are worried about what the doctor will do and you have questions about your confidentiality.

The scene opens with you, waiting in the exam room, as the doctor opens the door.

Person #2:

You are a doctor in an STD clinic. This young patient (Person #1) has only partly filled out the medical history form. You know the questions are very personal, but you have to ask them in order to give the best possible care.

The scene opens as you enter the exam room, where the patient is already waiting for you.

SITUATION F

SKILL PRACTICE WITH A PARTNER: the lump

Person #1:

You are a teen, living at home. You have just noticed a lump in your breast or testicle. You are concerned about it. You want to go to the doctor. Your Mom or Dad (Person #2) has never been easy to talk with about private matters, but you think now is a good time to start.

The scene opens after dinner. You walk into the kitchen where your mother or father is making a snack, and you start the conversation with, "Can we talk?"

Person #2:

Your son or daughter (Person #1) is sort of a hypochondriac ... always thinking he or she is sick when nothing is wrong, especially on the night before a test or something.

The scene opens while you are making yourself an evening snack.

Demonstration Script 4: How to Communicate about STDS & Sexual Health

Patient = P Receptionist = R

R: May I help you?

P: Yes, I have a 3:30 appointment.

R: What is it for?

P: It's kind of private. Can I just explain to the doctor?

R: Well, no. I have to know which forms to give you. But I understand your discomfort here in the lobby. *(lowering voice)* Are you here about an infection or family planning, then?

P: Yes, STDs.

R: OK. Here are the forms to fill out. You can have a seat right over there. Bring them back up when you finish.

Patient sits down for a moment and then brings the forms back to the desk.

R: Wait, honey. You didn't fill out the part here where it asks your income.

P: That's right. I didn't. I would prefer to discuss it in private with the doctor. You know ... it makes me uncomfortable when you, um, when you say that kind of thing so loudly in front of all these people. I don't mean to offend you, but that stuff is very private to me. OK?

R: OK. Sorry. Just doing my job, but I agree with you. Have a seat and they'll call you in a few minutes.

P: Thanks.

Lesson Plan 29

Sexual Health Care

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Explain the reasons for examinations (self and/or professional) of the breast, cervix and testes.
2. Identify who should perform (or seek) each of these, and when.
3. Describe how a breast self-exam and a testicular self-exam are done and list at least 2 abnormalities the person looks for in an exam.
4. Recognize that an abnormality should be checked immediately by a health care provider.

MATERIALS NEEDED:

PHOTOCOPIES
One transparent copy of ...
    Sexual Health Care Transparencies 1-3 and 4-11 *
One per student of ...
    Individual Homework Exercise:
        Sexual Health Care

VIDEOS, 3-DIMENSIONAL MODELS *

TIME NEEDED:
one class period

* OPTIONAL. You will need ***either*** AV tools ***or*** Transparencies 4-11. We recommend that, if you use explicit videos and models, this lesson be done in same sex groups, for the sake of comfort. See next page for further discussion.

AGENDA:

1. Explain the lesson's purpose.
2. Use the Transparencies and/or AV tools and models to teach the concepts: why each kind of exam is important, who needs it, when it should be done, how it is done, and what the individual or health care professional looks for.
3. Summarize the lesson and assign homework.

LOGISTICS:

Some teachers (principals, districts) may prefer that this particular lesson be done in single-gender groups. There are teachers (and some groups of students) who may find this more comfortable and conducive to discussion.

On the other hand, it is important not to undo the sense of mutual respect and co-ed comfort you have spent a whole unit developing. After all, we want to model that men and women, fathers and daughters, mothers and sons, doctors (of either gender) and patients can communicate about sexuality. Thus, the logistics of the lesson are a judgment call.

We would, however, recommend that ***if*** you decide to use the videos and models, you use single-gender groups. (Videos and 3-dimensional models are more explicit than the transparencies.) And, if the sexes ***are*** separated, each group should receive the same information and see the same audio-visuals.

Single-gender groups are generally inconvenient to manage in a high-school setting, which is why we've provided the line-drawing transparencies as a perfectly acceptable co-ed alternative. If you want to try to arrange separate sessions, there are a couple of ways to do so:

> Send the girls to the library to study for the unit post-test one day, while you work with the boys, and reverse the process the second day. The advantage of this alternative is that, by the end of this unit, you have built up a rapport and comfort level with your students ... which a guest speaker has not. The disadvantage is taking two days in an already-crowded schedule.

> or invite guest speakers and arrange for concurrent sessions in separate rooms (trade videos midway through the period). Possible speakers include your school nurse and/or an educator from the American Cancer Society, the Public Health Department, Planned Parenthood or, in the Seattle area, Fred Hutchinson Cancer Research Center. However, be advised that, by law, a certificated teacher ***must be present*** at all times. Thus, if concurrent classes are taught, both presenters (or an observing teacher in each room) should be certificated.

ACTIVITIES:

1. Explain the lessons's relevance and purpose:

Today, we're going to study three kinds of check-ups for cancer:

(Write these three on the blackboard.)

the Pap test,
testicular self-exam or "TSE" *and*
breast self-exam or "BSE."

Why learn about those check-ups?

because finding cancers early, when they are most treatable and curable, saves lives. Yes, a lot of people, including some teens, ***die as a result of ignorance, fear and embarrassment*** *(not directly, of course). It's just that they may not* ***know*** *how important these check-ups are, or how they're done ... or else they are so* ***scared*** *of cancer that they don't* ***want*** *to* ***find out*** *if they have it ... or else they're too* ***embarrassed*** *about their private parts to* ***see*** *a doctor.*

Why should guys learn about girls' checkups and vice versa?

because you all have friends and family members, and many of you will have children, whose health you can help to protect! If ***one*** *person here saves his or her own life* ***or someone else's,*** *because of something you learn today, I will have done my job.*

By the end of this class, you'll know: (Write the first word of each of these on the blackboard.)

what *each of these body parts looks like when it's healthy,*
why *each test is so important,*
how *each part is examined,*
what you look for, *if you're examining your own self,*
who *should be getting these checkups, and*
when *they should get them.*

2. Teach the essentials of Pap tests, BSE and TSE. First, show and discuss the first three Sexual Health Care Transparencies (about Pap tests). Then, there are two ways to teach about the self-exams. You can:

> use videos and soft 3-dimensional models of breasts and testes, with actual lumps students can feel, *

> or use the remaining Transparencies (4-11).

* Various videos and models are available, from your local chapter of the American Cancer Society or, in the Seattle area, Fred Hutchinson Cancer Research Center or Planned Parenthood.

The following notes may help as you show the Transparencies:

TRANSPARENCY 1: THE CERVIX

The cervix is the opening to the uterus. It is almost completely closed unless a baby is in the process of being born. It usually looks kind of like a tiny pinkish doughnut, with a dimple (a tiny hole) in the middle.

TRANSPARENCY 2: THE PAP TEST: WHY? WHO? WHEN?

Why? A doctor or nurse practitioner can find changes in the cells of the cervix, even *before* they become cancer. In the U.S., 14,000 women get cancer of the cervix each year, and over half of them die. But, with Pap tests, we ***find another 45,000*** who have early cell changes ... we find them ***before*** they become cancer. All of ***those*** people can have the problem cells removed and they are cured! They can still have children, too. If all women had regular Pap tests, most of the cases would be found before they were serious (because cervical cancer grows very slowly) and most of the deaths would be prevented.

Who? Every woman or girl who has had intercourse, even once, should be getting Pap tests ... and anyone with unusual bleeding. Pap tests are particularly important for women who began having intercourse before age 18 and those who have had sex with many different partners; these women have a higher risk of developing cancer of the cervix.

When? Once a year for the first three years ... then every one to three years is often enough for most women. The best time is halfway between her periods. She should avoid sex, douching, using spermicides or putting *anything* in the vagina (finger, diaphragm, etc.) for 48 hours beforehand, to get an accurate test.

(Douching, incidentally, is never necessary unless prescribed by a doctor, and can increase the risk of infections. All the same, some young women will douche despite our advice; they should at least learn not to do so before a Pap test.)

TRANSPARENCY 3: THE PAP TEST: HOW?

A Pap test is done by a doctor or nurse practitioner during a *"pelvic exam."* The patient lies on a special exam table with her feet in little contraptions called "stirrups." The person examining her, checks the outside of her reproductive system first, for any sores or other unusual appearance. Then, she puts a device called "speculum" inside the woman's vagina to gently push the walls of the vagina apart.

To do the actual Pap test, the doctor or nurse practitioner uses an instrument like a long tongue depressor to wipe some cells from the cervix onto a slide. Then, the cells are examined under a microscope to see whether they are normal or pre-cancerous.

After the Pap test, the doctor usually removes the speculum and puts two gloved fingers in the vagina, and a hand on the patient's abdomen, in order to feel the uterus and ovaries. This is an important part of the exam, but it has nothing to do with the Pap test, per se.

Some young women feel very nervous about having a pelvic exam, especially if it's their first time. Any time you feel tense, it helps to try to relax and breathe deeply. Some people bring a friend or family member to hold their hand during the exam. Some women are most comfortable if they continue to chat with the person doing the exam, *during* the exam; others prefer to postpone conversation and questions until later, when they are seated face-to-face.

Eventually, most women get fairly used to these check-ups ... and they may describe them as "uncomfortable" or "awkward," but not "painful." In fact, if it hurts, even though she is trying to relax the muscles, the patient *really* needs to tell the doctor or nurse practitioner. There could be an infection or other physical problem causing her discomfort. **A pelvic exam *shouldn't hurt*.** If the person examining her seems particularly rough or insensitive, she may want to try a different health care provider.

TRANSPARENCY 4: THE TESTICLES

The testicles or "testes" produce sperm (to start pregnancies) and the male hormone "testosterone" (to give the man hair on his face, broader shoulders, and so forth). Notice that, in the back of the scrotum, behind each testicle, is a bunch of coiled tubes called the "epididymis." This is where sperm go, for two or three months, after they leave the testes, while they are maturing.

TRANSPARENCY 5: TESTICULAR SELF-EXAM: WHY? HOW?

Why? There are three reasons testicular Self-exam or "TSE" is so important. First, although cancer of the testes is rare, (about 5,000 cases per year in the United States) it is one of the most ***common*** cancers in guys your age ... 15 to 34 years old. Second, if it's found early enough it is often curable. Third, TSE only takes three minutes, in the privacy of your own home!

How? 1. He ***looks*** at his scrotum in the mirror, to find changes.

2. He gently ***feels*** each testicle, rolling it between the fingers and thumb of both hands. The index and middle fingers go underneath the testicle, with the thumb on top of it.

TRANSPARENCY 6: TSE: WHAT TO LOOK FOR

He looks for any of these changes:

> an ***unusual, painless*** lump

"Unusual" means that he has to be careful not to confuse the *normal* lumpiness of the epididymis, with a lump (usually on the side or front of the testicle) that *shouldn't* be there. "Painless" means that a cancerous lump probably won't hurt; so even a lump that doesn't hurt should be checked by a doctor ***right away*** ... even a lump the size of a pea.

> a heavy, dragging feeling in the testes

> a dull ache in the groin

This is different from a sudden, sharp pain. That should ***also*** be seen right away by a health care provider, but it is probably ***not*** cancer. (Sharp, sudden pain is more likely to be a sign of "testicular torsion," where the testicle twists on the vas and cuts off its own blood supply.)

> a change in the size of one testicle

Many men have testes of two different sizes or one that hangs lower than the other, and they are just fine. But if the size of one testicle ***changes***, if one becomes swollen, he needs to see the doctor. That is why you need to do TSE (or BSE) regularly, to get to know what your body is like, ***normally***, so you can ***notice*** a change.

TRANSPARENCY 7: TSE: WHO? WHEN?

Who? Every guy over 14 years old should be doing TSE. Guys who were born with an "undescended testicle" which didn't descend into the scrotum until the were over 6 years old (or one which still hasn't dropped down into the scrotum) or who have had surgery to have a testicle lowered, need to be especially careful to do TSE; their risk of testicular cancer is higher.

When? TSE should be done once a month. The best time is during or after a shower or bath. The warmth causes the skin of the scrotum to relax, so that lumps are easier to find. Some people find that soapy fingers help, too.

TRANSPARENCY 8: THE BREAST

The breast contains milk glands and ducts or tubes, along with fatty tissue. The darker part, on the outside, around the nipple, is called the areola, in males as well as females.

TRANSPARENCY 9: BSE: WHO? WHEN?

Who? Everybody should do BSE, teens and adults, male and female. It is especially important for women over the age of 35 (your Mom, perhaps? stepmother? grandmother?) and for women who have a close family history of breast cancer ... on their biological mother's side. Women over 35 also need mammograms ... special X-rays for detecting cancer of the breast.

When? Once a month is often enough. The best time for a menstruating woman to check her breasts is ***after*** each period. Some women's breasts get swollen and lumpy, simply from hormonal changes, just before their periods, which makes it difficult to do BSE.

TRANSPARENCY 10: BREAST SELF-EXAM: WHY? HOW?

Why? Breast Self-exam or "BSE" is really important because breast cancer is extremely common (about 115,000 cases per year in the United States). One out of eleven of the girls and women you know will develop breast cancer sometime in her life. Occasionally, guys get "breast" cancer, too, so it wouldn't hurt for them to do BSE, too.

How? 1. In the shower, she ***feels*** the left breast with the flat pads of the fingers of her right hand, and vice versa. She needs to be careful to gently check ***every part*** of the breast, including the armpit.

2. Next, in front of a mirror, she ***looks*** at the breasts, with her arms down at her sides. She raises them over her head. Then with her hands on her hips, she pushes down, flexes her chest muscles, and watches for changes.

3. Then, she lies down with a pillow behind one shoulder, and ***feels*** that breast with the fingers of the opposite hand. She needs to remember to feel every part of the · breast. Finally, she gently squeezes the nipple, to see if there is any discharge.

TRANSPARENCY 11: BSE: WHAT TO LOOK FOR

She (or he) looks for any changes, especially ...

> an ***unusual, painless*** lump

Just as with TSE, it's important not to confuse *normal* lumpiness (the ribs, for instance, or the ridge she may have along the lower edge of the breast) with problem lumps. Problem lumps usually aren't sore, the way the *normal* lumpiness right before the menstrual period may feel sore. Even problem lumps, incidentally, are almost never cancerous. They are usually benign tumors or cysts. Still, a health care professional should be contacted right away if a woman finds an abnormal lump.

> a change in the shape of the breast

Women often have breasts of two different sizes or shapes. That's why it's important to check them every month; to learn how hers *usually* look. Then, if one suddenly changes, she'll want to see a doctor.

> discharge (liquid) from the nipple (unless she's breast-feeding), especially if it's pink, red or brown

> change in the direction one nipple is pointing

> a dimple, tuck or pucker in the skin that wasn't there before

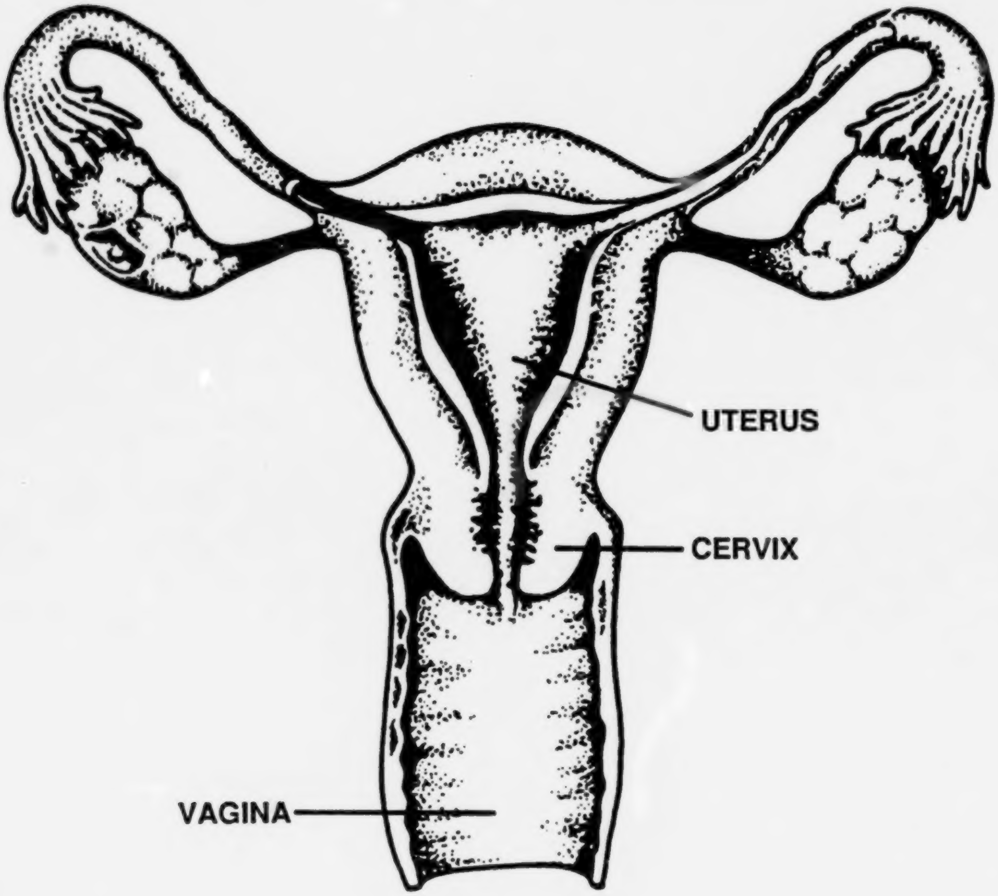
3. Summarize the lesson's key concepts:

   Early detection of cancers saves lives. Part of becoming an adult is beginning to take responsibility for your own health, and for educating those you love. You folks can save lives.

   Assign homework ... Individual Homework Exercise: Sexual Health Care. NOTE: It is ***due tomorrow!***

Sexual Health Care Transparency 1

THE CERVIX


UTERUS
CERVIX
VAGINA

**CERVIX:
THE BOTTOM PART
(THE OPENING) OF THE UTERUS**

Sexual Health Care Transparency 2

THE PAP TEST: WHY? WHO? WHEN?

WHY?

TO CHECK FOR PRE-CANCER
CHANGES IN THE CERVIX

WHO?

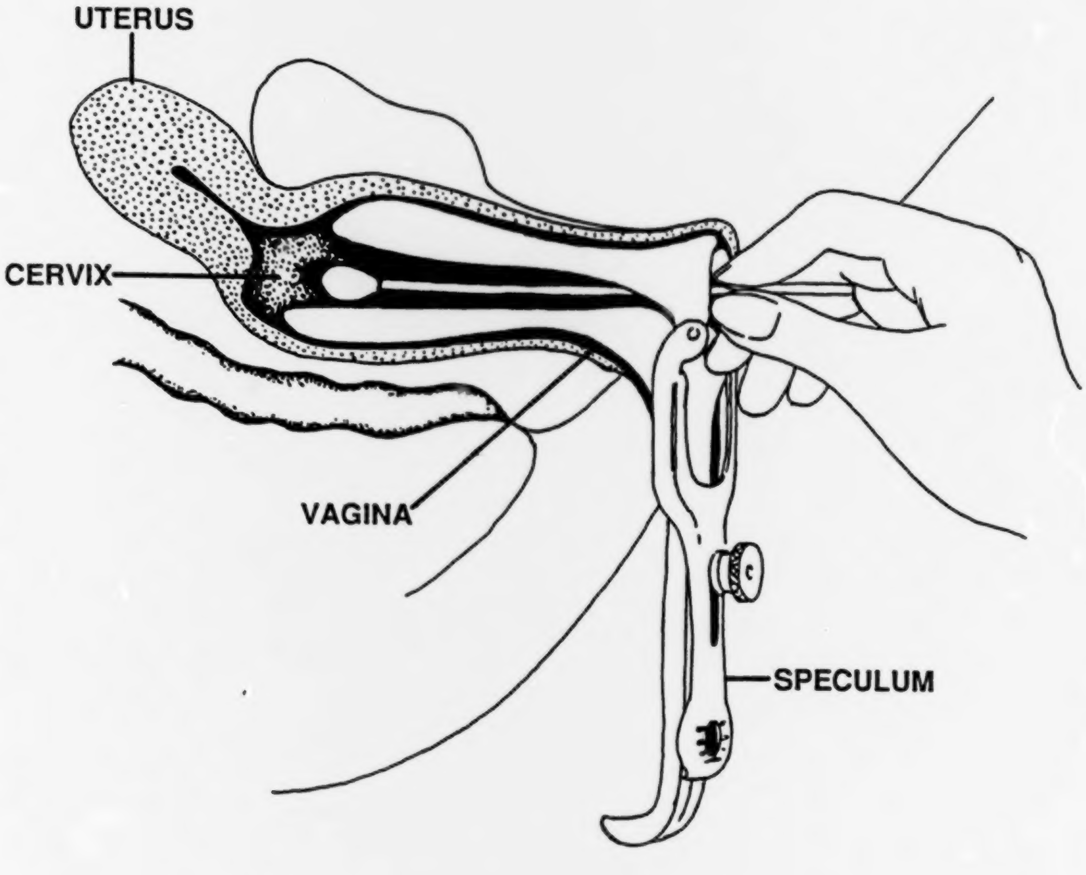
WOMEN AND GIRLS WHO HAVE EVER
HAD INTERCOURSE, ESPECIALLY THOSE
WHO BEGAN HAVING INTERCOURSE
BEFORE AGE 18
AND THOSE WHO HAVE HAD
MANY SEX PARTNERS

WHEN?

EVERY THREE YEARS,
UNLESS THERE'S A PROBLEM

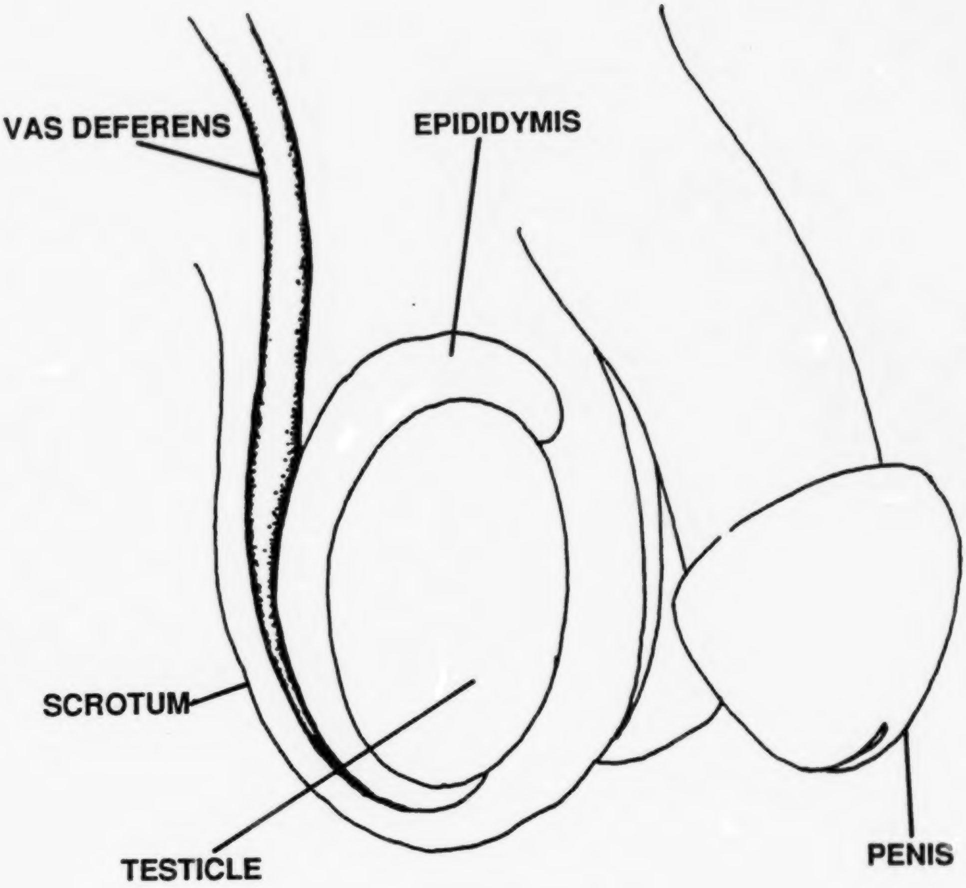
Sexual Health Care Transparency 3

THE PAP TEST:
HOW?


UTERUS
CERVIX
VAGINA
SPECULUM

Sexual Health Care Transparency 4

THE TESTICLES

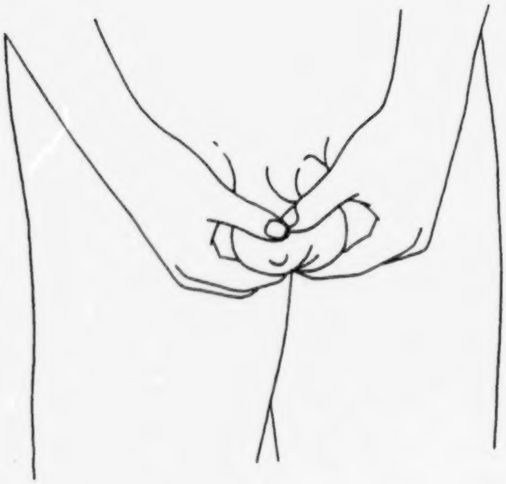

VAS DEFERENS
EPIDIDYMIS
SCROTUM
TESTICLE
PENIS

TESTICLES:
THE ORGANS WHICH MAKE
SPERM AND MALE HORMONES

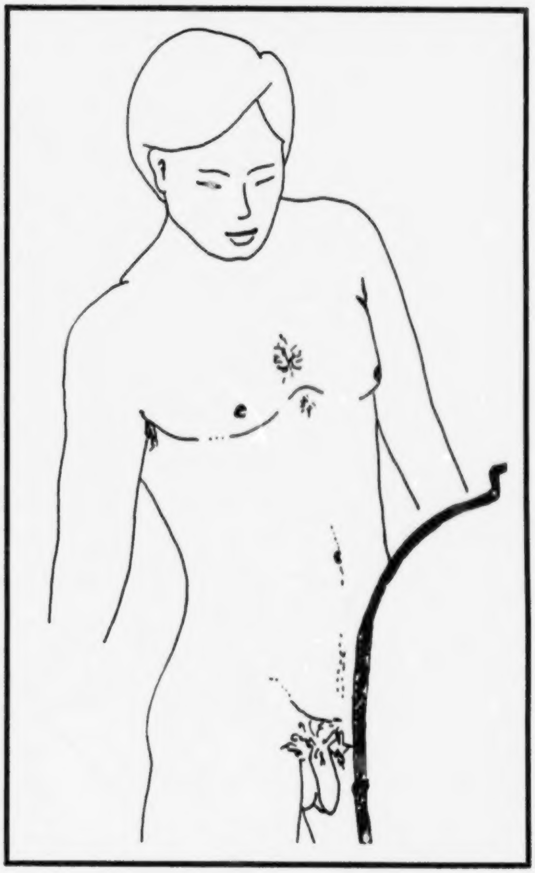
Sexual Health Care Transparency 5

TESTICULAR SELF-EXAM: WHY? HOW?

ROLL EACH TESTICLE



LOOK IN THE MIRROR



BECAUSE YOU MAY SAVE YOUR OWN LIFE!

TSE: WHAT TO LOOK FOR

AN UNUSUAL, PAINLESS LUMP

A HEAVY, DRAGGING FEELING
IN THE TESTES

A DULL ACHE IN THE GROIN

A CHANGE IN THE SIZE
OF ONE TESTICLE

Sexual Health Care Transparency 7

TSE: WHO? WHEN?

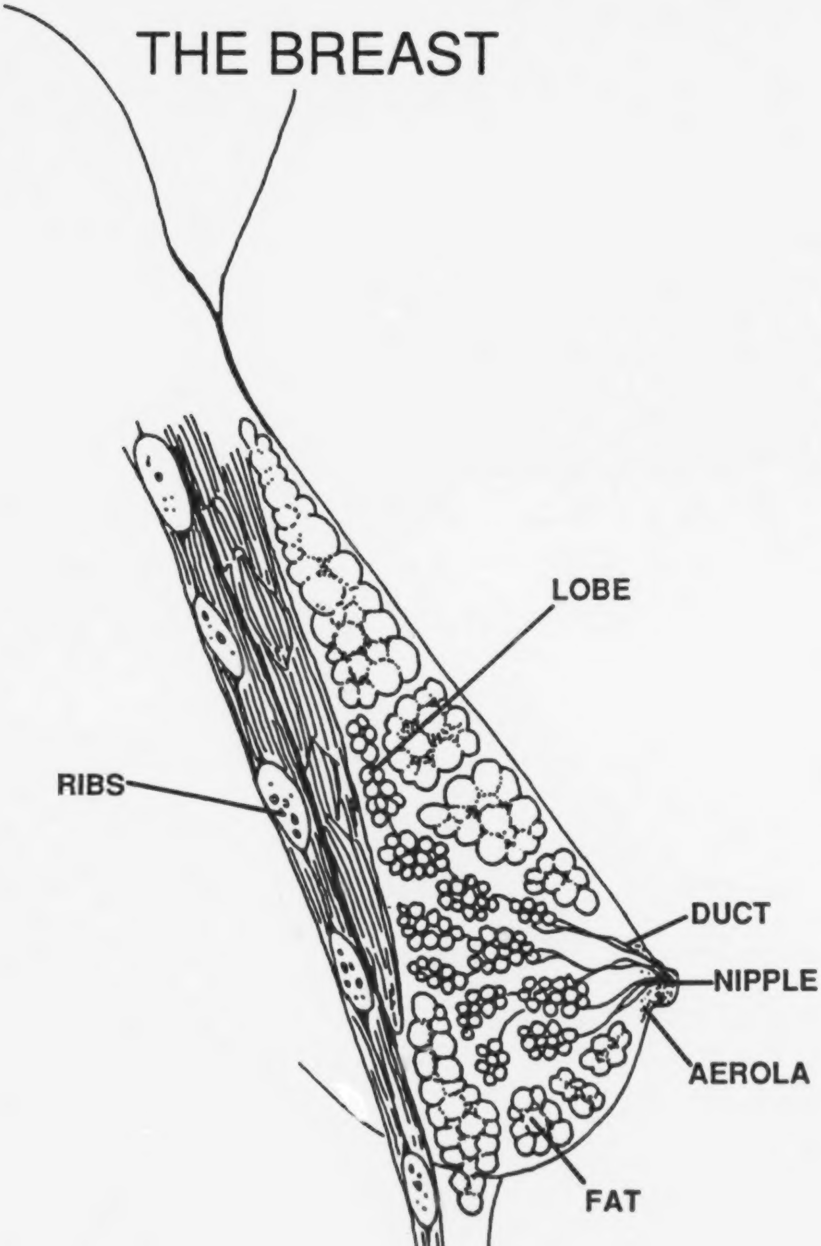
WHO?

YOUNG MEN 14 - 35 YEARS OLD,
ESPECIALLY THOSE WITH A HISTORY
OF UNDESCENDED TESTICLES

WHEN?

ONCE A MONTH,
DURING OR AFTER
A BATH OR SHOWER

Sexual Health Care Transparency 8


THE BREAST
LOBE
RIBS
DUCT
NIPPLE
AEROLA
FAT

BREAST SELF-EXAM:
WHO? WHEN?

WHO?

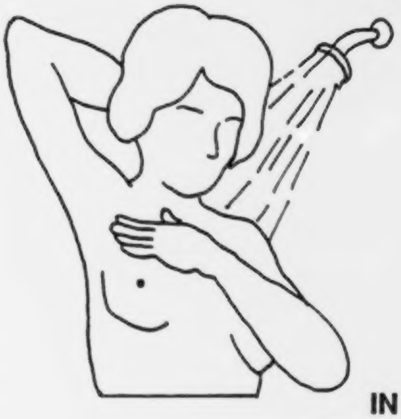
EVERYBODY,
MALE AND FEMALE,
BUT ESPECIALLY WOMEN OVER 35,
AND WOMEN WITH A
FAMILY HISTORY OF BREAST CANCER

WHEN?

ONCE A MONTH,
AFTER MENSTRUATION
(FOR THOSE WHO HAVE PERIODS)

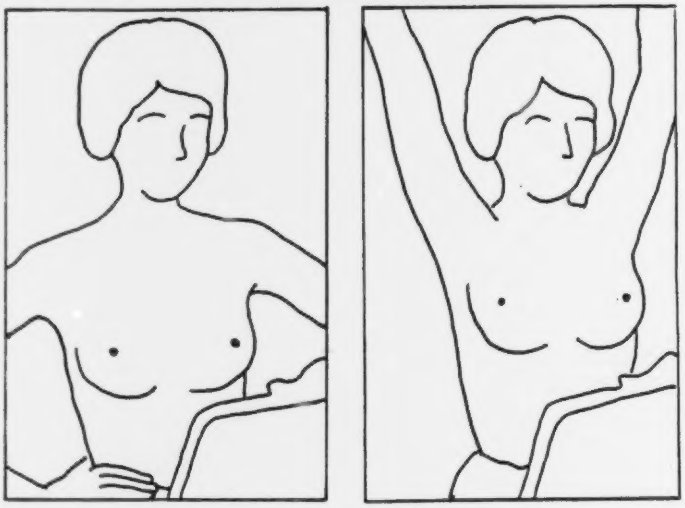
Sexual Health Care Transparency 10

BREAST SELF-EXAM: WHY? HOW?

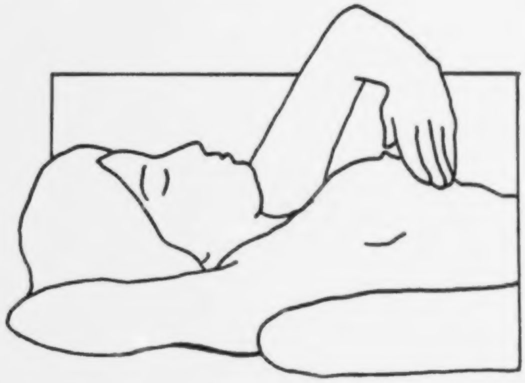


IN THE SHOWER

IN FRONT OF A MIRROR



LYING DOWN



ANOTHER WAY TO SAVE YOUR OWN LIFE

Sexual Health Care Transparency 11

BSE: WHAT TO LOOK FOR

AN UNUSUAL, PAINLESS LUMP

CHANGES IN THE SHAPE
OF THE BREAST
(SUCH AS SWELLING OR DIMPLES)

DISCHARGE (LIQUID)
FROM THE NIPPLE

CHANGE IN THE DIRECTION
ONE NIPPLE IS POINTING

Individual Homework Exercise: Sexual Health Care

NAME ____ PERIOD _______

Why should people do **BREAST AND TESTICULAR SELF-EXAMS** ? Why should they get **PAP TESTS** ? Because the sooner you find cancers, the more likely they are to be curable! ***Exams save lives.***

1. Who should do **BREAST SELF-EXAM (BSE)** ? *Check all the correct answers.*
    a. _____ everyone
    b. _____ only females
    c. _____ especially women over 35 years old (they should also get routine mammograms -- breast X-rays)
    d. _____ especially women with a family history of breast cancer
    e. _____ people you care about

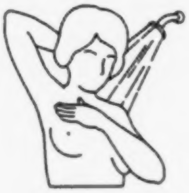
2. What should you look for when you do **BSE** ? *Check all the correct answers.*
    a. _____ all lumps
    b. _____ unusual, painless lumps
    c. _____ one breast being a different size from the other
    d. _____ one breast being a different size or shape from how it usually is
    e. _____ a change in the direction a nipple is pointing
    f. _____ discharge (liquid) from the nipple

There are three steps in BSE. The person should ...

Feel each breast with soapy fingers, in the shower. It is important to check the entire area, even the armpits.

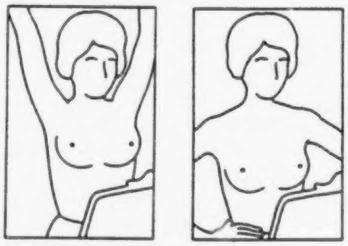
1

In the shower:



2

In front of a mirror

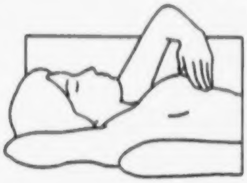


Look at the breasts in the mirror ... first with hands down at the side, then raising them over the head, and finally pressing down on the hips (to flex the chest muscles).

Lie down, with a pillow under the shoulder, to examine each breast. Use the flat parts of the fingers ... and press down firmly.

3

Lying down:



Homework, continued ...

3. When should **BSE** be done? *Check all the correct answers.*
   - a. _____ once a month
   - b. _____ once a week
   - c. _____ after every meal
   - d. _____ right before the menstrual period, in folks who *have* periods, when the breasts are the most lumpy and may be sore
   - e. _____ after the menstrual period, when they are *not* usually as lumpy or sore

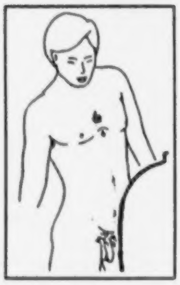
4. Who should do **TESTICULAR SELF-EXAM (TSE)** ? *Check all the correct answers.*
   - a. _____ everyone
   - b. _____ only males
   - c. _____ especially men aged 14 - 35
   - d. _____ especially men who have a testicle that didn't descend (drop down) into the scrotum until the were 6 years old or older
   - e. _____ people you care about

5. What changes could be signs of testicular cancer ? *Check all the correct answers.*
   - a. _____ unusual, painless lumps
   - b. _____ only lumps as big as a grape
   - c. _____ even lumps as small as a pea
   - d. _____ a heavy, dragging feeling in the testes
   - e. _____ a sudden sharp pain
   - f. _____ a dull ache
   - g. _____ a change in the size of one testicle

There are two steps in **TSE.** The person should ...

1

In front of a mirror:

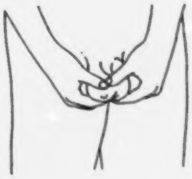


Look at the scrotum in a mirror.

Gently roll each testicle between the fingers and thumbs of both hands, remembering not to confuse the epididymis with an abnormal lump.

2

In the shower:



Homework, continued ...

6. When should **TSE** be done ? *Check all the correct answers.*
   a. _____ once a year
   b. _____ once a month
   c. _____ Wednesdays at 4 a.m.
   d. _____ after a hot shower or bath, when the skin of the scrotum is relaxed
   e. _____ before every math test

It is important to remember that, in **TSE** and **BSE**, lumps and other changes *DO NOT NECESSARILY MEAN THE PERSON HAS CANCER.* Only a doctor can tell; the person should see a doctor right away if she or he finds any changes in the breast, chest, testicles, or scrotum.

7. A **PAP TEST** is a test for cancer of what part of the body ? *Check all the correct answers.*
   a. _____ the ovaries
   b. _____ the bladder
   c. _____ the elbow
   d. _____ the cervix

8. Who should have **PAP TESTS** ? *Check all the correct answers.*
   a. _____ everyone
   b. _____ any woman or girl who has had intercourse
   c. _____ only females
   d. _____ people you care about
   e. _____ especially women who began having intercourse before age 18 and women who have had many sex partners

9. When should **PAP TESTS** be done ? *Check all the correct answers.*
   a. _____ once a month
   b. _____ once a year
   c. _____ every one to three years, after she has had normal **PAP TESTS** three years in a row
   d. _____ during her menstrual period
   e. _____ when she is *not* having her period
   f. _____ if she has an unusually long or heavy menstrual period (for her) or any unusual bleeding or spotting ... or any other changes she's worried about

A **PAP TEST** is done during a pelvic exam, by a doctor or nurse practitioner. It was named after the doctor who developed it, Dr. Papanicolaou. It is a simple, painless test that takes less than a minute. (The whole pelvic exam may take four or five minutes.)

Homework, continued ...

10. If you care about someone who should be having **PAP TESTS**, but who is nervous about it, what could you do to help ?

____

____

If you have questions about cancer (these kinds or *any* kind) call:

1-800-4-CANCER

OR

1-800-ACS-2345

Both of these are toll free.

REMEMBER: ***Not all sexual health problems are STDs or cancers ...***
but ***all*** sexual health problems,
even if they ***aren't*** sexually transmitted or cancerous,
ought to be taken seriously.

So, take care of yourself and the people you care about ... ***today***.
Health begins with you.

NOTE: This homework is due ***tomorrow***.

Lesson Plan 30

Review & Post-Test

STUDENT LEARNING OBJECTIVES:
to be able to ...

1. Recognize the importance of early detection and treatment of *all* sexual health problems.
2. Recall the cognitive information (vocabulary, key concepts) from the entire unit, with at least 75% accuracy.

MATERIALS NEEDED:

PHOTOCOPIES
One class set of ...
   Sexuality Unit Post-test
One per student of ...
   Post-test Answer Sheet

TIME NEEDED:
one class period

AGENDA:

1. Explain the lesson's purpose.
2. Review and discuss yesterday's homework to reinforce the cognitive information.
3. Answer any remaining anonymous or verbal questions, using the opportunity to review key concepts.
4. Administer the Post-test.

ACTIVITIES:

1. Explain the purpose of the lesson:

   We are going to accomplish two things today. We'll be reviewing yesterday's lesson and answering any unanswered questions from the entire unit. We'll also be doing a unit post-test, to compare with your pretests, so I can find out how much you've learned.

2. Have everyone get out last night's homework. Go around the room and initial them, so you can give credit, later, to those who completed the assignment. Then explain that people will get twice the credit if their answers are 100% correct ... and that everyone has the opportunity to earn those points, by correcting his or her paper now.

   Have volunteers read each question (and their answers) aloud. You may want to read the "how to" descriptions yourself, to avoid student anxiety and potential flippancy. ***The correct answers are:***

   1. a,c,d and e
   2. b,d,e and f
   3. a and e
   4. b,c,d and e
   5. a,c,d,f and g
   6. b and d
   7. d
   8. b,c,d and e
   9. c,e and f
   10. ***There are many good answers, including:***
       > Offer to go along.
       > If you are female, invite her to join you when you go for your Pap test, so she can see what it's like.
       > Remind her she can always tell the doctor or nurse practitioner to stop (she's in charge).
       > Suggest that deep breathing and trying to relax the muscles sometimes help.
       > Tell her how much you care about her and her health and how much you hope she'll go ahead with the Pap test, despite her nervousness.

   Near the end of the Homework this statement appears: "*Not all sexual health problems are STDs or cancers.*" Elaborate by bringing up these few miscellaneous issues not yet addressed in this unit:

   One of the ***most*** *common problems teenaged men have in the genitals is "testicular torsion" ... where the tubes of the spermatic cord get twisted and, as the young man matures, they suddenly get very, very painful. If this happens, he needs to see a doctor right away, or he could lose a testicle! The doctor can simply untangle the tubes.*

   Another common problem in young women ***and*** *young men is an infection of the urethra, the bladder, or (in guys) the epididymis. Sometimes these infections are caused by sexually transmitted germs ... sometimes, not. In any case, a doctor or clinic can help. If a person has to urinate (go to the bathroom) often, or if the* ***need*** *to urinate is sudden and powerful, or if it burns when the person urinates, it's important to see a doctor.*

A young woman should also see a doctor if she has severe cramping during her period. Mild cramping during menses is to be expected; the uterus is a muscle, squeezing its lining out. However, extreme cramping is a function of too much of hormones called prostaglandins. She can try ***ibuprofen*** *(found in a number of over-the-counter medications), a heating pad, massage or orgasm to try to relieve these extreme cramps. If these things don't reduce the cramps, she may need to see her doctor or nurse practitioner.* ***It's not "in her head;" it's in her endocrine and nervous systems!***

Summarize this concept: ***If the person has ever had sex before, he or she should ask to be tested for STDs (otherwise the doctor could miss something important) ... but remember that people who have not had sex can have sexual health problems, too.***

3. Answer any questions remaining in any of the question envelopes (as well as any verbal questions people have). It is perfectly OK if some of these question, written before the unit, have since been answered. Answer them today, or get students' help in answering them, by way of review. This is your opportunity to touch, briefly, on the vocabulary and key concepts from the entire unit:

   touch and abstinence
   puberty and adolescence
   pregnancy
   UN-planned Pregnancy
   sexually transmitted diseases
   the reproductive system
   sexual exploitation
   planning to parent
   contraception
   sexual health care

   Just make sure you save at least twenty minutes for the Post-test.

4. Administer the Post-test.

The answers to the post-test are ...

REPRODUCTIVE SYSTEM:

1. abdomen
2. vas deferens
3. scrotum
4. epididymis
5. Cowper's gland
6. fallopian tube
7. clitoral hood
8. labia
9. buttocks
10. fimbria

PUBERTY/ADOLESCENCE:

11. F
12. T
13. T
14. T
15. T
16. F
17. T
18. T

SEXUAL EXPLOITATION:

19. consenting
20. illegal

PREGNANCY, PLANNED AND UN-PLANNED:

21. blastocyst
22. contractions
23. F
24. T
25. T
26. F
27. F
28. T
29. T
30. e

CONTRACEPTION:

31 - 33. ***any three of the following are acceptable:***
abstinence (or "saying NO" or "not doing it")
sterilization (or "tubal ligation" or "vasectomy" or "getting your tubes tied")
oral contraceptives (or "the pill")
intra-uterine device (or "IUD")
condom (or "rubber")
combining two methods

34. ***any one of the following is acceptable:***
film
foam
sponge
suppositories
"spermicide"
"cream or gel"

SEXUALLY TRANSMITTED DISEASES

35. acquired
36. immune
37. deficiency
38. syndrome
39. a
40. d
41. F
42. T

43 - 45. ***any three of the following are acceptable (wording doesn't matter; meaning matters):***

abstain from sexual intercourse (and IV drugs)
maintain mutual, long-term **monogamy**
have **fewer sexual partners** in lifetime (be selective)
use latex **condoms** correctly, consistently (preferably with spermicide)
share **safer kinds of touch** (e.g. hugs, massage, shampoos)
look for **symptoms** (in self and partner[s])
talk with partner[s] about STDs, sexual experience, etc.
get regular, thorough STD **check-ups**
wash and urinate before and after intercourse (and have partner do the same)

SEXUAL HEALTH CARE:

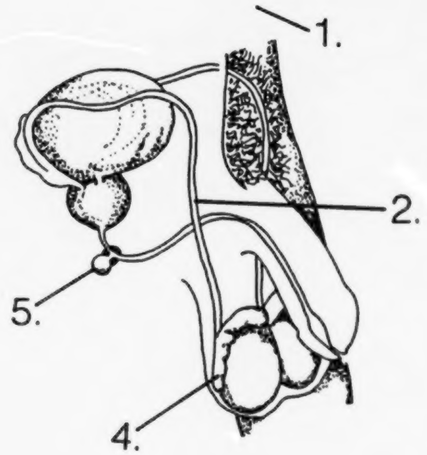
46. F
47. F
48. T
49. F
50. F

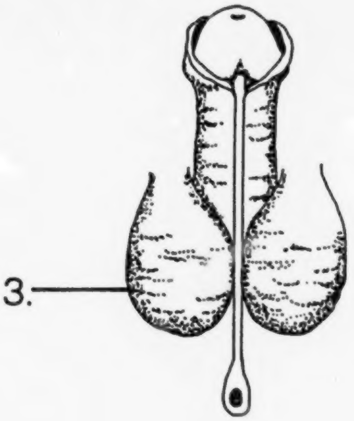
Sexuality Unit Post-Test

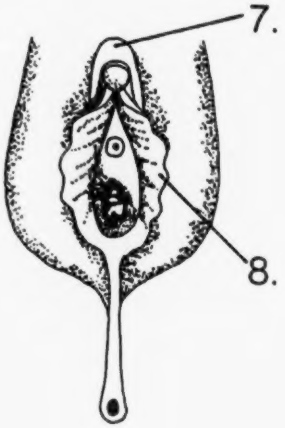
PLEASE DO NOT WRITE ON THIS TEST. USE YOUR ANSWER SHEET.

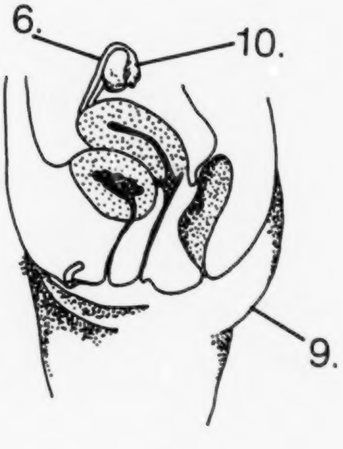
DIRECTIONS: Use 10 of the following terms to fill in blanks 1-10.

esophagus
Cowper's gland
buttocks
abdomen
fimbria
fallopian tube
aorta
clitoral hood
spleen
kidney
vas deferens
appendix
labia
epididymis
scrotum
liver









DIRECTIONS: Mark each statement T (true) or F (false).

11. Most people, male and female, begin to have nocturnal emissions at puberty.

12. Everyone gets pubic hair around their genitals at puberty.

13. Most of the changes of puberty happen to everybody, male *or* female.

14. Only females begin to menstruate at puberty.

15. As they move through adolescence, most people begin to feel more self-confident.

16. Quiet, soft-spoken guys are usually gay.

17. You can't tell by looking at someone whether he or she is gay.

18. Abstaining from sexual intercourse is the safest choice for teens, whether they are gay or straight.

DIRECTIONS: Use 2 of the following terms to fill in the blanks in questions 19 and 20.

manipulative
persuasion
adult
consenting
illegal
contraceptive
unusual
embarrassing
heterosexual

19. The opposite of *"exploitive"* touch is ________ touch.

20. If you're going with someone, and they say they want to have sex with you, and they change their mind at the last minute ... and you get mad and make them do it, that's ________ .

DIRECTIONS: Use 2 of the following terms to fill in the blanks in questions 21 and 22.

fertilization
chromosome(s)
nocturnal emission(s)
fetus(es)
blastocyst(s)
contraction(s)
sperm
menstruation
placenta(s)

21. A fertilized egg forms a ball of cells called a ________ as it travels toward the uterus.

22. The squeezing of the uterus to push the baby out is called ______.

DIRECTIONS: Mark each statement T (true) or F (false).

23. People can't start a pregnancy the very first time they have sex.

24. It is the sperm that determines what sex the baby will be.

25. It is best not to change kitty litter during pregnancy.

26. It is best not to exercise during pregnancy.

27. Beer and wine are probably safe for a woman to use it during pregnancy.

28. One reason teens' babies are more likely to have birth defects is the pregnant teen's diet.

29. Abortions are safest and least expensive before 12 weeks of pregnancy.

30. Which of the following alternatives (in a chance pregnancy) is ***not*** legal in the U.S.?

    a. letting a family member raise the baby
    b. placing the baby in foster care
    c. having an abortion
    d. raising the baby
    e. selling the baby

DIRECTIONS: For questions 31 through 33, list 3 of the ***6 most effective*** kinds of birth control.

31. __________
32. __________
33. __________

DIRECTIONS: For question 34, name 1 of the 4 kinds of birth control which ***kill sperm (and some germs).***

34. __________

35-38. The letters A.I.D.S. stand for:

35. __________
36. __________
37. __________
38. __________

39. Which of the following is ***not*** a common, early symptom of an STD?

    a. a lump in the breast
    b. unusual discharge
    c. a sore on the genitals
    d. lumps or bumps on the genitals
    e. burning when you go to the bathroom

40. Which of the following should a person ***not*** do if he thinks he might have an STD?

    a. go to a doctor
    b. read or call a Hotline for more information
    c. talk with the person or people with whom he has had sex lately
    d. wait and see if the symptoms go away
    e. stop having any kind of sex until it is cured

DIRECTIONS: Mark each statement T (true) or F (false).

41. Most people who have the AIDS virus (HIV) know that they have it.

42. A man can get the AIDS virus from a woman, not only from another man.

DIRECTIONS: For questions 43 through 45, list 3 things a person can do to reduce his or her risk of getting or giving an STD.

43. __________
44. __________
45. __________

DIRECTIONS: Mark each statement T (true) or F (false).

46. All breast lumps should be seen by a doctor, whether they hurt or not.

47. Breast self-exam should be done once a week.

48. Testicular cancer is one of the most common cancers in men aged 14-34.

49. Only a doctor can do testicular self-exam properly.

50. A Pap test is a test for gonorrhea.

441

Answer Sheet

Name ______________________________

Period ________ Date ____/____/____

REPRODUCTIVE SYSTEM:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________
8. ______________________________
9. ______________________________
10. ______________________________

PUBERTY/ADOLESCENCE:

11. T F
12. T F
13. T F
14. T F
15. T F
16. T F
17. T F
18. T F

SEXUAL EXPLOITATION:

19. ______________________________
20. ______________________________

PREGNANCY, PLANNED AND UN-PLANNED:

21. ______________________________
22. ______________________________

23. T F
24. T F
25. T F

26. T F
27. T F
28. T F
29. T F
30. a b c d e

BIRTH CONTROL:

31. ______________________________

32. ______________________________

33. ______________________________

34. ______________________________

SEXUALLY TRANSMITTED DISEASES:

35. ______________________________

36. ______________________________

37. ______________________________

38. ______________________________

39. a b c d e
40. a b c d e
41. T F
42. T F

43. ______________________________

44. ______________________________

45. ______________________________

SEXUAL HEALTH CARE:

46. T F
47. T F
48. T F
49. T F
50. T F

Do not write below this line.

	# CORRECT	# POSSIBLE
REPRO. SYS.	______	10
PUB./ADOL.	______	8
SEXUAL EXPLOIT.	______	2
PREG.	______	10
CONTRACEPTION	______	4
STDs	______	11
SEX. HLTH. CARE	______	5
TOTAL	________	50

Appendix A: Sample Parent Letter

(Introduce the course
on your school's own letterhead)

Dear Parents and Guardians:

Your sons and daughters are enrolled in [Freshman Health, Home and Family Studies etc.]. I am writing to introduce you to the course. It includes units on:

Weight Management (Nutrition, Fitness, Eating Disorders)

Substance (Drug/Alcohol) Abuse

Family Life and Sexual Health

First Aid and Cardio-pulmonary Resuscitation (CPR)

Mental Health

[or whatever your actual units are]

I want to invite you to preview the course materials; I think you will be impressed with them. It is my hope that students emerge with accurate, up-to-date information; a sense of deep respect for the human body, the mind, and the importance of healthy relationships; and, especially, some skills for coping with a complex world.

If any of you wishes to excuse your student from a particular unit, please let me know. I can arrange for alternative lessons elsewhere.

Those of you whose sons and daughters do participate in the sexuality unit, will be hearing more about occasional "family homework exercises". These are optional, confidential assignments. (They are NOT required, and the content of your discussions will NOT be shared in class.) They are designed to help you understand one another a little better, while reinforcing and strengthening your family's beliefs and reviewing the learning that goes on in class.

Call me if you have any concerns or questions. My number is [999-1234].

Sincerely,

John/Jane Doe,
Health Teacher

Appendix B: Washington State Laws & Guidelines

PART I: REGULATIONS AND REQUIREMENTS
RELATED TO HEALTH AND SEXUALITY EDUCATION,
according to the Laws of the State of Washington

RCW 28A.05.010 Common school curriculum -- Fundamentals in conduct. All common schools shall give instruction in reading, penmanship, orthography, written and mental arithmetic, geography, English grammar, physiology and hygiene with special reference to the effects of alcoholic stimulants (sic) and narcotics on the human system, the history of the United States, and such other studies as may be prescribed by rule or regulation of the state board of education. All teachers ***shall*** stress the importance of the cultivation of manners, the fundamental principals of honesty, honor, industry and economy, the minimum requisites of good health including the beneficial effect of physical exercise, and the worth of kindness to all living creatures. The prevention of child abuse **may** be offered as part of the curriculum in the common schools. (1986 c 149 Sec. 4; 1969 c 71 Sec. 3; 1969 ex.s. c 223 Sec. 28A.05.010. Prior: 1909 p 262 Sec. 2; RRS Sec. 4681; prior: 1897 c 118 Sec. 65; 1895 c 5 Sec. 1; 1890 p 372 Sec. 45; 1886 p 19 Sec. 52. Formerly RCW 28.05.010 and 28.05.020.)

WAC 180-50-115 Mandatory areas of study in the common school. (1) Pursuant to RCW 28A.05.010 all school districts ***shall*** provide instruction in reading, penmanship, spelling, mathematics, geography, English grammar, physiology, hygiene, and history of the United States ... (4) In addition to the requirements in the above subsections, each school district shall offer all required courses for a high school diploma as provided in chapter 180-51 WAC and ***shall*** provide an opportunity for high school students to take at least one course in the following areas of study:

(a) Art;
(b) Career education;
(c) Computer education;
(d) Consumer education;
(e) Economics;
(f) Environmental education;
(g) Foreign language;
(h) Health education;
(i) Home and family life;
(j) Music;
(k) Remedial education, including at least remedial education in reading, language arts, and mathematics.

WAC 180-50-140 Sex education -- Definition -- Optional course or subject matter -- Excusal of students. (1) Local option. The decision as to whether or not a program about sex education or human sexuality is to be introduced into the common schools is a matter for determination at the district level by the local school board, the duly elected representatives of the people of the community.

(2) Definition(s). (a) Sex education for the purpose of this regulation is defined as the study of the anatomy and the physiology of human reproduction. (b) Human sexuality for the purpose of this regulation is defined as the

characteristics or qualities that distinguish between maleness and femaleness. It includes the physiological, psychological, and sociological processes experienced by an individual.

(3) Development of instruction in sex education and human sexuality. School districts ***shall*** involve parents and school district community groups in the planning, development, evaluation, and revision of any instruction in sex education and human sexuality offered as a part of the school program.

(4) Excusal of students -- Alternative studies. Any parent or legal guardian who wishes to have his/her child excused from any ***planned*** instruction in sex education or human sexuality may do so upon filing a written request with the school district board of directors or its designee and the board of directors shall make available the appropriate forms for such requests. Alternative educational opportunities shall be provided for those excused. (Statutory Authority: RCW 28A.04.120(6) and (8). 84-21-004 (Order 12-84), Sec. 180-50-140, filed 10/4/84.)

PART II: GUIDING PRINCIPALS FOR INCLUDING HUMAN SEXUALITY CONCEPTS IN A SCHOOL PROGRAM,

according to the Washington State Superintendent of Schools
as of June, 1987

1.0 Education about human sexuality includes a large body of knowledge concerned with the biological, psychological and sociological aspects of human growth and development. In addition, education about human sexuality includes an understanding of the influences affecting interpersonal relationships and an emphasis on the importance of responsible decision-making in this area.

1.1 It should be recognized that sex education is one small part of education about human sexuality. Sex education as defined by WAC 180-50-140 is limited to a study of anatomy and physiology of human reproduction.

1.2 Sex education must contribute to the overall goal of a wholesome, healthy personality. Sexuality is an integral part of a total personality and to consider sex as purely physical is to give it an unrealistic emphasis. Thus, the goal of any program is to help young people in their development so they become secure individuals able to direct their sexual behavior in a responsible and socially acceptable manner.

2.0 Planning an educational program about human sexuality should involve the home, school and community.

2.1 Parents, guardians and other interested adults should be involved in the planning of school programs because of their role in initiating and continuing this phase of education in the home environment.

2.2 School districts may advantageously plan educational programs for parents so that education for human sexuality may be enhanced in the home at an early age.

2.3 The concepts of family as used in this document allows for a variety of social patterns and lifestyles. The common element to all family patterns is the emphasis on a caring, interpersonal relationship between adults and children in an atmosphere in which adults recognize and assume their responsibilities for rearing youngsters.

2.4 The school's role should reinforce the home's development of wholesome sexual attitudes and responsibilities in youth in such a way that family patterns will be strengthened.

3.0 It is the responsibility of each local school district to develop its own program in education about human sexuality.

3.1 A detailed scope and sequence of concepts in educational programs about human sexuality should be developed carefully and made available in written form for a community review in each district.

3.2 Student Learning Objectives, suggested learning experience and resources used in the instructional process should be available in written form for a community review in each building where such instruction takes place.

3.3 At the elementary level some lessons may develop naturally from everyday living experiences, but other lessons should be an integrated part of a planned, sequential, comprehensive health education program. At the secondary level, planned lessons and units may be a part of science, health education, home and family life or social studies.

3.4 "No written or oral test, questionnaire, survey or examination shall be used to elicit the personal beliefs or practices of a student of his/her parents as to sex or religion except with the written consent of parent or guardian." (1)

3.5 "Any parent or legal guardian who wishes to have his/her child excused from any planned instruction in sex education or human sexuality may do so upon filing a written request with the school district board of directors or its designee, and the board of directors shall make available the appropriate forms for such requests. Alternative educational opportunities shall be provided for those excused." (2)

3.6 "School districts shall involve parents and school district community groups in the planning, development, evaluation and revision of any instruction in sex education and human sexuality offered as part of the school program." (2)

4.0 In compliance with statutory requirements, each school district shall have a written policy outlining the process for the selection and adoption of instructional materials, prints and non-print, including provision for a system "for receiving, considering and acting upon written complaints regarding instructional materials used by the school district." (3)

5.0 As with all curricular areas, local school boards should approve the instructional material and concepts in human sexuality education before they are implemented in the classroom setting.

6.0 Teachers of human sexuality programs should be carefully selected and professionally prepared.

  6.1 Opportunities for in-service training in content and teaching methods of human sexuality should be available on a regular basis at the local level.

PART III: EXCERPTS FROM THE AIDS OMNIBUS LAW

Enacted by the Washington State Legislature in the Spring of 1988, applying to AIDS Education, specifically, in Public Schools

"AIDS prevention education shall be limited to the discussion of the life-threatening dangers of the disease, its spread, and prevention. Students shall receive such education at least once each school year beginning no later than the fifth grade." (4)

This means that the rest of **9/10 FLASH**, that which doesn't pertain to the dangers, spread and prevention of AIDS, is considered "sexuality education" and falls under the State Board of Education Guidelines on the previous pages, rather than under the AIDS Omnibus legislation.

"Each district board of directors shall adopt an AIDS [curriculum] ... developed in consultation with teachers, administrators, parents, and other community members including, but not limited to, persons from medical, public health, and mental health organizations ..." (5)

9/10 FLASH was developed in consultation with such a team.

[That curriculum must either be selected from among a list of] "model curricula and resources available from the superintendent of public instruction" (6) or "developed by the district and approved for medical accuracy by the office of [HIV/AIDS of the Department of Social and Health Services (DSHS)]" (7)

In order to be on the superintendent's list, a curriculum goes through ***both*** the DSHS medical-accuracy review ***and*** a review of educational soundness by a committee of educators convened by the superintendent's office. **9/10 FLASH** has been approved by both these sets of reviewers.

"Each school district shall, at least one month before teaching AIDS prevention ... conduct at least one presentation during weekend and evening hours for the parents and guardians ... No student may be required to participate in AIDS prevention education if the ... parent or guardian, *having attended one of the district presentations*, objects in writing." (8)

Thus, the parental waiver for AIDS education, unlike for other sexuality education, is contingent upon a parent's having reviewed the materials. The legislature has expressed, in this way, its strong belief in the importance of this ***aspect*** of sexuality education for every child.

"The curriculum shall ... teach students which behaviors place a person dangerously at risk of infection [with HIV] and methods of avoiding risk, including, *at least*: (a) the dangers of drug abuse, especially that involving ... hypodermic needles; and (b) the dangers of intercourse, with or without condoms." (9)

"All material ... shall give emphasis to the importance of sexual abstinence outside lawful marriage and avoidance of substance abuse in controlling disease." (10)

"The program ... shall stress that abstinence from sexual activity is the only *certain* means for the prevention of the spread or contraction of [HIV]. It shall also teach that condoms and other artificial means of birth control are not a *certain* means of [prevention] and reliance on condoms puts a person at risk." (11)

9/10 FLASH makes every effort to communicate these concepts, while acknowledging and respecting diverse family's beliefs.

We have also emphasized that one's ***behavior*** and not one's age, legal status, or sexual orientation, puts one at risk. This reflects our concern about denial. It is crucial not to generate a life-threatening false confidence in ***all*** adult, lawful, heterosexual marriages as safe places for unprotected intercourse.

Finally, we have taken pains to speak to students who are already having intercourse or who will decide to do so (despite our urging them not to) any time prior to entering into a long-term, mutually monogamous, honest, drug-free relationship. For the health of these young people, we have stressed the vital importance of proper use of condoms, preferably with spermicides.

A few examples from ***FLASH***:

"Even if [kids] knew about condoms and all that stuff, they wouldn't be 100% safe (not from AIDS ***or*** *pregnancy)."*

a student quoted in Position Paper, lesson 2

"Adults have had time to learn more about themselves and, hopefully, to learn how to reduce the [emotional, physical, social] risks ... Marriage can symbolize the trust and commitment that make sexual touch a real gift."

Position Paper, lesson 2

"Abstaining from sexual intercourse [and] maintaining long-term mutual monogamy, as in marriage ... are, of course, the most effective protection [from STDs] ... All other behaviors listed [including condoms] are risk ***reduction*** *suggestions for people who do not abstain ... The latter is certainly recommended."*

Activities, lesson 24

"So How is the Virus Spread Today? It ... can happen when an infected person shoots up, then shares the needle with someone else ... Infection can also happen during sex ... Anal sex ... is the riskiest."

AIDS Reference Sheet, lesson 25

"So how can HIV Infection be prevented? ABSTAINING FROM SEX: Not forever, just for now ... the safest thing is to wait to have sex until you're older ... when you find someone you want to stay with for years, someone you trust to only have sex with you and vice versa, someone who doesn't shoot drugs. If you are both free of HIV in the first place, sex will be 100% safe."

AIDS Reference Sheet, lesson 25

"So how can HIV infection be prevented? ABSTAINING FROM DRUGS: The safest thing is to never shoot up ... or use ***any*** *kind of mind-altering drugs. Even using alcohol can mess up people's ability to make decisions. After they've been drinking they are more likely to have unsafe sex, because they stop thinking clearly."*

AIDS Reference Sheet, lesson 25

"Condoms are 83-98% effective against STDs, depending on how carefully and how consistently they are used."

Activities, lesson 27

(1) WAC 180-52-030
(2) WAC 180-50-140
(3) RCW 28A.58.103 (1e)
RCW 28A.58.758 (2f)
(4) from Part IV, section 402, subsection (1) of the AIDS omnibus legislation
(5) ibid., part IV, section 402, subsection (2)
(6) ibid., part IV, section 402, subsection (3)
(7) ibid., part IV, section 402, subsection (2)
(8) ibid., part IV, section 402, subsection (4) ... emphasis ours
(9) ibid., part IV, section 402, subsection (6) ... emphasis ours
(10) ibid., part II, section 202
(11) ibid., part IV, section 402, subsection (7) ... emphasis ours

Appendix C: Audio-Visuals

To Augment and Reinforce Learning

For the most part, ***9/10 FLASH*** is self-contained. There is only one lesson that relies on video: Lesson 26. That video, ***"AIDS-Wise, No Lies"*** must be ordered separately from New Day Films (212) 477-4604.

Although all other lessons have been written so that they can stand alone, audio-visuals can certainly enhance their impact and students' retention. Thus, below are listed some resources a district may want to consider adopting in addition to the 30 lessons of ***9/10 FLASH***. This list is not exhaustive; it reflects those movies our staff have reviewed and rated "good" to "excellent". Distributors' addresses and phones are listed in Appendix D.

Touch and Abstinence

"It Only Takes Once"

18 minutes, 1987, Intermedia
Combines humor and real life stories of teenagers to help teens examine sexual choices and the implications of teen pregnancy. Responsible sexual choices portrayed include abstinence (featured throughout) as well as using effective contraception. Danitra Vance plays the central character.

"The Touch Film"

20 minutes, Sterling Productions
Discusses the necessity and importance of touch for all ages. Attitudes to socialization and sex roles.

"First Things First"

30 minutes, 1985, Bill Wadsworth Productions
A teen couple deals with their decision about how far to go sexually. Traditional roles are played with the girl trying to set limits, the boy pushing toward intercourse. Initial attempts to handle the situation end in the boy getting mad, the girl breaking up, and lots of confusion. His mother and her sister help them see the issues and possible ways to resolve.

"Okay to Say No: A Case for Waiting"

30 minutes (3 parts), 1981, Sunburst
Gives young people an opportunity to explore ways in which sex can affect their relationships, education, and future plans, and stresses abstinence as a viable alternative. Provides support for the fifty percent of high school students who are not yet sexually active, and it assures all young people that abstinence is always an option.

Reproductive System

"The Miracle of Life"

60 minutes, 1986, Crown Publishers (available through Family Life Education Publishing Cooperative)
An Emmy Award winning video from the PBS NOVA series that uses photographs of fetal development by Lennart Nilsson. It shows an incredible journey through the human body from conception to fetal development and birth.

"Human Reproduction"

20 minutes, 1980, Perennial Films
Comprehensive overview of reproduction: conception, fetal development, childbirth classes, labor and delivery.

"Anatomy and Attitudes: Understanding Sexuality"

40 minutes (3 parts), 1982, Sunburst
Part I demonstrates how sexual understanding and role definition take shape in response to differences in ways parents often treat sons and daughters. It focuses on the fact that mass media and peer "guesswork" are not adequate sources of information. Parts II and III depict a small conference of students and teachers who are developing a Human Sexuality course. Through the discussion we learn about male and female anatomy as well as personal feelings, beliefs and attitudes.

Puberty/Adolescence

"Another Half"

30 minutes, 1986, Bill Wadsworth Productions
Interesting drama about gender role pressures for boys and men. Addresses parents' expectations, peer expectations, and stereotypical boy/girl relationships.

"Some of the Things that Go on Out There"

30 minutes, 1984, Planned Parenthood Federation (16 mm/video)
A film about children moving through adolescence into adulthood (rites of passage). Typical teen-parent communication patterns. Realistic portrayal of day-to-day pressures of teen life (drugs, sex, self-esteem).

"Promises"

14 minutes, 1982, Point of View Productions
A film about the different stages in a romantic relationship. Three couples portray different stages of relationships: steady partners in love, first meeting, and active dating couple. They model various approaches to dating.

"Sex and Decisions: Remember Tomorrow"

25 minutes, 1985, Perennial Education
Two teens spend the day at a beach house and wrestle with the decision of whether to have sexual intercourse. Shows them discussing their feelings and beliefs, the difficulty often experienced when discussing such issues, and their resolution--no.

"Dating: Coping with the Pressures:

34 minutes (3 parts), Sunburst
Describes the pressures of dating--those from the outside (friends, family, society) and those from the inside (fear of rejection or disappointment). Discussion on love and how to recognize it and the thought that dating is good way to explore values, get ready for deeper relationships and learn about yourself.

"Teenage Sex: How to Set Limits"

43 minutes (3 parts), 1982, Sunburst
Part I makes the point that sexual behavior does not have to be accidental or unplanned or dependent on someone else's pressure, but each person needs to decide for him/herself. Six-stage decision-making process is demonstrated to aid the student in making a well-thought-through decision. In Part II, the students are shown how they can take control of a difficult situation. Part III moves beyond simple assertiveness techniques to consideration of more delicate problems in communicating, particularly when feelings are involved.

"Hard Climb"

24 minutes, 1982, Videograph
A weekend mountaineering trip is used to frame the concerns of teenaged boys: peer pressure to become sexually active, girls with bad reputations, parents as sex educators, the ingredients of a lasting relationship, men's sex magazines, contraception and homosexuality.

"Rosey Grier: The Courage To Be Me"

25 minutes, 1978, Churchill Films
Documentary autobiography of Rosey Grier--how he achieved his goals and his philosophy/approach to life.

"How He Feels, How She Feels"

21 minutes, 1985, Sunburst
Roles, expectations and feelings of teen boys and girls, what they find attractive in the opposite sex.

"How to Make Good Decisions"

38 minutes (3 parts), 1983, Pleasantville Media
Describes types of decisions, a five-step decision-making model, and the part one's values play. Students practice making decisions individually and in groups.

"Self Concept: How I Know Who I Am"

33 minutes, Sunburst
Describes self concept and how it relates positively or negatively to behavior, i.e., school performance. Adolescence is a time of rapid growth and change with new challenges to an individual's self concept. Specific young people represent a variety of self concepts.

Sexual Exploitation

"When Sex Means Trouble"

37 minutes (3 parts), 1986, Sunburst
Rap group discussion of sexual exploitation (first segment). Then, one on acquaintance rape, and a third on sexual abuse ("our little secret").

Pregnancy

"Have a Healthy Baby: Pregnancy," 23 minutes, 1987

"Have a Healthy Baby: Labor and Delivery," 29 minutes, 1984, Churchill Films

Discusses prenatal development, prenatal care, maternal behaviors, childbirth, feelings of pregnant women and their partners.

Planning to Parent

"Day One: A Positive Beginning for Parents and Their Infants"

2 parts (17 minutes and 15 minutes), 1985, New Horizons for Learning
An excellent overview with specific suggestions on how to be a good and effective parent during the first year of a child's life. Issues addressed: alert times, the senses, unique baby, and how parent can enrich baby's life.

"Stepping Stones"

30 parts, 15 minutes each, 1986, Agency for Instructional Technology
A comprehensive series of videos for training parents and families in working with children from birth to 3 years, including those with special needs. Presents the basic skills infants and toddlers usually master.

"His Baby Too: Problems of Teenage Pregnancy"

39 minutes (3 parts), 1980, Sunburst
Highlights role of unwed father in various scenarios regarding teen pregnancy. Focuses on options, the man's feelings and perspectives, and problems of teen pregnancy.

UN-Planned Pregnancy

"Teenage Father"

30 minutes, 1980, Children's Home Society
Dramatically portrays, through one young man's perspective, how an unplanned teen pregnancy affects the young couple, their parents and their friends. Captures the emotions of decision-making about pregnancy, birth control, child-rearing, and who is responsible, and who is responsible for these tasks.

"Four Pregnant Teens: Four Different Decisions"

4 parts, 1981, Sunburst
Examines four pregnancy options through interviews with people. Individuals relate their thoughts and rationales.

"If You Want to Dance"

14 minutes, 1983, New Dimension Films
Three high school boys discuss their experiences and relationships. Each has a different view of responsibility for teen sexual behavior and pregnancy. Then two unwed girls in a hospital discuss pregnancy and the choices they made about the babies.

"14th Place"

26 minutes, 1986, Perennial Films
High school girl uses experiences of best friend's and brother's pregnancy to refocus on her priorities and goals and to reduce her pregnancy risk taking. All Black, inner-city cast.

"Teen Mother--A Story of Coping"

24 minutes, 1981, Churchill Films
Nineteen-year-old Rosie narrates this film about the difficulties and joys of being a single teen parent. Teen mothers from a support group share their experiences and feelings.

Contraception

"Birth Control Myths and Methods"

26 minutes, 1986, Churchill Film
Excellent overview of birth control methods--advantages, disadvantages, how each works. Also, reviews anatomy/physiology. Shows teens discussing myths about birth control. Encourages use of birth control.

Sexually Transmitted Diseases

"A Million Teenagers"

23 minutes, 1987, Churchill Films
Overview of several STDs--gonorrhea, chlamydia, PID, herpes, syphilis, and AIDS by teens; what they are, how they are transmitted, possible long-term effects.

"The Subject is AIDS"

18 minutes, 1987, ODN Productions
Upbeat video on AIDS--what it is, how people get it, how to prevent it, high-risk groups. Provides good basic overview.

"Sex, Drugs, and AIDS"

18 minutes, 1986, ODN Productions
Same as "The Subject is AIDS: except a bit more powerful, as it includes powerful segments on homosexuality and AIDS.

Sexual Health Care

"Cramps"

26 minutes, 1982, Churchill Films
Describe dysmenorrhea and how women cope.

Appendix D: Where to Order Audio-Visuals

Your school district's curriculum office, audio-visual office, and library may be valuable resources. In King and Pierce Counties (WA), the Educational Service District (ESD 121) also stocks audio-visuals. Public libraries also have some appropriate materials.

In addition, free catalogues of some excellent sexuality education resources, including those listed in Appendix C, are available from:

Agency for Instructional Technology, Box A, Bloomington, IN 47402 (812) 339-2203.

American Cancer Society, 1599 Clifton Rd. N.E., Atlanta, GA 30329 (404) 320-3333 ... or look in the phone book for the chapter nearest you.

Children's Home Society of California, 5429 McConnell Ave., Los Angeles, CA 90066-7068, (213) 389-6750.

Churchill Films, 662 N. Robertson Blvd., Los Angeles, CA 90069-9990, 1-800-334-7830.

Committee for Children, 172 Twentieth Ave., Seattle, WA 98122, (206) 322-5050.

Comprehensive Health Education Foundation, 20832 Pacific Hwy. S., Seattle, WA 98188, (206) 824-2907.

Ednick Communications, P.O. Box 3612, Portland, OR 97208 (specializing in developmentally disabled learners).

Family Life Education Publishing Cooperative, 1700 Mission St., Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506, (408) 429-9822.

Gaumard Scientific Company, P.O. Box 140098, Coral Gables, FL 33114-0098, (305) 666-8548.

Guidance Associates, Communications Park, Box 3000, Mt. Kisco, MY 10549, 1-800-431-1242.

Intermedia, 1600 Dexter Ave. N., Seattle, WA 98109, 1-800-553-8336.

Learning Tree, P.O. Box 4116, Englewood, CO 80155, (303) 740-9777.

March of Dimes, 230 Securities Bldg., Seattle, WA 98101, (206) 624-1373 ... or look in the phone book for the chapter nearest you.

National Audio-visual Center, Order Section, 8700 Edgeworth Dr., Capitol Hts., MD 30743-3701, (301) 763-1896.

New Day Films, 853 Broadway, Rm. 1210, NY, NY 10003, (212) 477-4604.

New Dimension Films, 85895 Lorane Hwy., Eugene, OR 97405, (503) 484-7125.

New Horizons for Learning, 4649 Sunnyside N., Seattle, WA 98103, (206) 547-7936.

ODN Productions, 74 Varick St., Rm. 304, NY, NY 10013, (212) 431-8923.

Perennial Education, 477 Roger Williams, P.O. Box 855, Ravinia, Highland Pk., IL 60035, 1-800-323-9084.

Planned Parenthood Federation of America, Marketing Dept., 810 Seventh Ave., NY, NY 10019, (212) 603-4656 ... or look in the phone book for the affiliate nearest you.

Pleasantville Media, P.O. Box 415, Pleasantville, NY 10570-0415, 1-800-431-2434.

Point of View Productions, 1454 Sixth, Berkeley, CA 94710, (415) 874-0177.

Sterling Productions, 500 N. Dearborn, Rm. 1119, Chicago, IL 60610, (312) 329-1183.

Sunburst Communications, Rm. H41, 39 Washington Ave., Pleasantville, NY 10570, 1-800-431-1934.

Videograph, 2833 Twenty-fifth St., San Francisco, CA 98110, (415) 282-6001.

Bill Wadsworth Productions, 2402 Rio Grande, Austin, TX 78723, (512) 478-2971.

NOTE: **ALWAYS ALWAYS ALWAYS** preview materials yourself, even if they are *"district approved,"* before showing them to your class.

Appendix E: Speakers, Panels, Field Trips

APPENDIX E:
SPEAKERS, PANELS, FIELD TRIPS

To Augment and Reinforce Learning

9/10 FLASH is designed to be as easy-to-teach as possible. In an attempt to avoid excessive teacher preparation time, the lessons have been written so that they can stand alone; they do not rely upon speakers, panels and field trips.

Nevertheless, those teaching methods can certainly enhance the impact of the curriculum. They can inject a human factor into otherwise dry, cognitive learning. They can personalize the abstract. They can de-romanticize the idealized. They can make resources seem far more accessible and behaviors seem far more do-able. Thus, a district should consider approving these teaching methods ***in addition*** to the 30 lessons of **9/10 FLASH**. Below, each of the three is discussed.

SPEAKERS: Speakers can be very valuable, not only to the novice sexuality educator, but in every classroom. They can bring special life experience or expertise as they provide a change of pace. Nonetheless, an individual's affiliation or credential does not ensure his or her ability to communicate well with young people. Ideally, you will invite as guests only people you have observed before. That is, of course, not always possible. At a minimum, always talk with a speaker in advance to:

> Make sure they understand your objectives and expectations and vice versa.

> Make clear that all handouts they wish to provide must be approved in advance.

> Find out what audio-visual equipment they may need.

> Be sure they know when and where to arrive.

Make sure the presence of a speaker is consistent with your district's rules. Prepare your students to have paper and pencil ready, be attentive and considerate, and enjoy the fresh perspective. Stay in the classroom. Washington State law requires that a certificated person be present at all times. Besides, you can't do an adequate job of integrating the lesson with the rest of your curriculum and/or following up on concerns that don't get addressed, unless you have heard what the speaker and students have said.

PANELS: Probably the most common panel arranged by high school health teachers is one of ***teenaged parents***, usually mothers. This particular panel can be effective, but we have some concerns about it. First, one purpose of a panel is to introduce students to life experiences unfamiliar to them. Teen parents may, unfortunately, ***not*** be a particularly novel group of people in your students' lives. Our main concern, though is the potential of a teen parent panel to "backfire." Panelists' confidence and relative success (albeit after struggles

Appendix E, continued ...

with adversity) can make teen parenting seem more attractive, easier, less demanding than it generally is ... unless panelists are extremely well coached in advance.

Instead, we would encourage you to consider panels of people (male and female), in their teens or early twenties:

> who ***have chosen abstinence*** from intercourse and drugs and can talk about why they've chosen as they have and how they handle pressures,

> who ***have placed a baby for adoption***, especially *open adoption*, with which your class may be fairly unfamiliar,

> who ***are delaying parenthood*** and enjoying the fruits of adulthood without assuming too many obligations before they are ready,

> who ***have experienced sexual exploitation*** and can share their experience of survival and recovery,

> who ***are living with herpes or HIV*** and can discuss the impact of the infection on their lives, or

> who ***are breast-feeding their babies*** and can discuss their decisions and experiences, especially barriers to breast-feeding they may have overcome.

Consider, also, a panel of people over age 25 who ***are first-time parents with toddlers***. They can share their experiences during the pregnancy, the birth and their child's infancy. They can speak about the child's profound impact on their lives.

FIELD TRIPS: We encourage you to assign *Individual* Field Trips, so that students can rehearse the skill of accessing a community resource. Oral reports on these Individual Field Trips can also provide the class with information about a wide range of agencies, physicians and others in your area ... along with another student's perspective on the attitudes and procedures teens can expect.

Traditional field trips, where the whole class visits a community resource, can also be effective. Actually seeing a facility and meeting the staff can dissolve the powerful barrier of fear and can greatly enhance likelihood of students' utilizing resources. In the Seattle area, two especially relevant field trips are:

SITE	CONTACT	DESCRIPTION	COST
Children's Hospital and Medical Center	Cynthia Shurtleff 526-2207	Two-hour birth defects seminar, Tuesdays from 10-12 noon, reservations required	free
Harborview Hospital, STD Clinic	Lahar Goldberg 223-3041	Seminars tailored to your needs, reservations required	free

Appendix F: Un-Planned Pregnancy

Sobering Considerations About the Alternatives

These notes are designed to help the teacher express the issues in as even-handed and accurate a way as possible. We have used the word "they" to refer to a woman, girl, man, boy or couple ... whomever is facing a pregnancy.

ADOPTION

REASONS PEOPLE SOMETIMES DECIDE AGAINST **MAKING AN ADOPTION PLAN**:

PRESSURE: Some people are pressured by family or friends *not* to place the baby for adoption ... or they're afraid of what they *think* their family or friends will say.

MORAL OBJECTIONS: They might believe it's wrong; that the child will feel abandoned when she or he learns about the adoption. (Of course, that is occasionally the case. Today, though, in "open adoptions", birth parents can write a letter explaining to the child how much they love her or him, and can choose adoptive parents who will explain that, too. An adopted child can feel just as secure and well-loved as any other child.) If a person feels adoption is wrong, it's not a good option for them.

SELF CRITICISM: They may feel as if it would mean that they were weak or immature or had failed.

HIS FEELINGS: A woman/girl might decide against adoption because her partner strongly opposes it.

TO AVOID THE SADNESS: They may realize that they would probably always feel sad over what-might-have-been. This can be avoided to some extent nowadays, with "open adoptions" where the birth parents can see the baby at birth if they choose -- even hold and nurse the baby -- and exchange letters and pictures with the adoptive parents as the child grows. Still, the feelings can never be avoided altogether.

FEAR OF BAD PARENTS: Some people are afraid the child might get "bad" parents. They don't realize how carefully potential adoptive parents are screened (through interviews, home visits, etc.) and they don't understand that some adoption programs actually let the birth parents choose what kind of people will adopt their child (financially comfortable, musically inclined, interested in sports, of a particular religion, sharing certain beliefs about child-rearing, etc.)

NO INFORMATION: Some people don't know how to go about arranging it.

FEAR IT WILL HURT: She may not feel she could handle the emotional pain of carrying the pregnancy to term and then "giving up" the baby.

ABORTION

REASONS PEOPLE SOMETIMES DECIDE AGAINST **ABORTION** (decide to continue the pregnancy):

SELF-CRITICISM: They may feel as if it would mean they were weak or selfish or had failed.

TO AVOID THE SADNESS: They may realize that they would probably always feel sad over their fantasies of what-might-have been (seeing a child, being loved by a child, etc.).

FEAR OF HEALTH RISKS: They may be afraid that abortion is dangerous. Like childbirth, there are risks, more so later in pregnancy than in the first 12 weeks ... although if she sees a licensed doctor, in a clinic or hospital, the risks are very slight. A legal abortion is about 14 times safer than pregnancy and childbirth, in the U.S. In other words, about 1/100,000 women die in abortions (versus 14.4/100,000 women giving birth). There are less serious risks, of course, as with any medical procedure ... these can be minimized by choosing a physician with plenty of experience. These include infection, damage to the uterus or cervix, or, with multiple abortions, risk of future miscarriage.

FETAL DEVELOPMENT: They may be concerned that the fetus would feel pain. This is a misconception. Before 28 to 32 weeks, a fetus has only a rudimentary nervous system, which is almost certainly not well enough developed to feel pain. At that time (about the beginning of the seventh month) the cerebral cortex matures enough for awareness of sensation. Brain waves begin to indicate higher functions (ability to think, have purpose, experience sensations). This point in pregnancy is far too late to have a legal abortion.

The fetus does, however, have a heartbeat and, depending on when the abortion is done, probably has hands and feet. The fetus may have fingers, toes, and beginning facial features, if not a fully developed face. The fetus moves, although the movement is not conscious. If they are troubled by the extent of fetal development, this isn't a good option for them.

TOO FAR ALONG: If she doesn't discover she's pregnant until the pregnancy is over 24-weeks along, she can't get a legal abortion. The fetus is too fully developed, unless her life is in danger.

THE COST: They may think they cannot afford an abortion. Costs range from $150 to over $1,000 in the Seattle area, depending upon how far along the pregnancy is. They are sometimes covered by State money (if she is low income or on Welfare) or by her health insurance or health maintenance organization (like Group Health).

FEAR IT WILL HURT: She may be afraid that the abortion will hurt. She *will* feel cramping ... it's a temporary pain, lasting between a few minutes and a couple of days ... most women describe it as less severe than childbirth, but more than most menstrual periods.

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HIS FEELINGS: A woman or girl might decide against abortion because her partner strongly opposes it.

MORAL OBJECTIONS: Some religions and individual people believe the fertilized egg is a human being from the moment the sperm and egg meet; they believe abortion is killing a human being, and that killing is always wrong. (Other religions and individuals, as you know, disagree. They may feel it is not human or that it doesn't have a soul until later in pregnancy or until birth. They may feel that abortion is sometimes the most ethical option.) For a person who believes abortion is wrong, it is not a good option.

NO INFORMATION: They may not know how to go about arranging it.

IT'S ILLEGAL IN SOME COUNTRIES: Abortion is legal in the U.S., but they may live in a country where it isn't. If so, they may decide against it either because they don't want to risk going to jail, or because they cannot find a competent doctor who's willing to risk going to jail, or because they can't afford it. (It's much more expensive in places where it's illegal, like all illegal things.)

PRESSURE: Some people are pressured by family or friends *not* to have an abortion ... or they're afraid of what they *think* their family or friends will say.

PARENTING

REASONS PEOPLE SOMETIMES DECIDE AGAINST **RAISING THE CHILD THEMSELVES**:

ILLNESS OR DISABILITY: They may be too sick or physically, emotionally, or developmentally disabled to go through pregnancy and birth, or to give the baby the care they feel it deserves.

TO AVOID THE SADNESS: They might realize that they'd probably always feel sad over their fantasies of what-might-have-been (be it schooling or career or youthful freedoms).

FEAR OF HEALTH RISK: They might be afraid that childbirth is dangerous. (This concern would apply to several alternatives, of course.) Indeed, there are risks, more so for women under 18 and over 35 ... although if she gets prenatal care and gives birth in a hospital, the risks are slight. About 14.4/100,000 women in the U.S. die in childbirth; most of these women got no prenatal care. As with abortion, childbirth carries the risks of infection, damage to the cervix, and future miscarriage.

FEAR IT WILL HURT: She may be afraid that giving birth will hurt. It *will* ... but it's a temporary pain of usually less than 24 hours, and she can get medication if she needs it.

LIFE PLANNING: Some people feel strongly about finishing school or getting established in a career before they have children.

TO PROTECT OTHERS: They may think it would be unfair to their other children to have to stretch already-meager money and attention any further ... or to their future children to have come at such an unstable time in their parents' lives.

RELATIONSHIP: Some folks are concerned that the extra stress of raising a child would cause their not-yet-secure relationship to break apart. (That is realistic; it often does.) They may want time to grow as a couple, before parenting.

NOT THE BEST PARENT: Either of them may think they would not be a very good parent .. or that the *other* person wouldn't be a very good parent. Perhaps they don't feel they have enough skill, flexibility, knowledge, patience ... or that they are too young or too old.

HIS FEELINGS: Perhaps her partner strongly opposes this alternative ... knowing that he may leave, she might not want to face the job of parenting alone.

FREEDOM TO GROW UP: They may want to enjoy being teens (going to parties and dances, playing sports, traveling, "just hanging out") without the responsibility for someone else's meals, bedtime, etc.

THE COST: They may think they cannot afford this alternative. It actually costs between $1,450 and $5,000 for prenatal care and uncomplicated delivery of the baby -- although sometimes that is paid by welfare or private health insurance. (If the baby is placed for adoption, the adoptive family usually covers these expenses.)

It also costs at least $3,000 to 4,000 per year to raise a child in the U.S. today ... although some churches, and government programs can sometimes help. A person/couple may also have too many financial obligations that have to come first (other children, relatives, etc.).

MORAL OBJECTIONS: They may believe that it's wrong to bring a child into the world if they cannot be the best of parents ... or that it's unfair to the child to raise it themselves. (Other people, as you know, disagree. They may feel that any life is better than none at all ... and that the birth parents are almost always the best parents.) If a person feels having the child and parenting it would be wrong, then it's not a good option for them.

PRESSURE: Some people are pressured by family or friends *not* to raise the baby themselves ... or they're afraid of what they *think* their family or friends will say.

LETTING SOMEONE ELSE RAISE THE BABY

REASONS PEOPLE SOMETIMES DECIDE AGAINST **LETTING SOMEONE ELSE (THE OTHER PARENT ? THE BABY'S GRANDPARENT ?) RAISE THE BABY:**

SELF CRITICISM: They might feel as if it would mean they were weak or immature or had failed.

FUTURE PAIN AND CONFLICT: They may know that they'd find it too hard to watch someone else raise the child differently from how they would have raised him or her ... or that those differences would cause too much friction and unhappiness for all concerned.

NO VOLUNTEERS: Sometimes nobody offers ... or nobody who offers is really capable in the birth parents' opinion.

MORAL OBJECTIONS: They may believe it's wrong not to take the responsibility themselves ... to ask the other parent or the baby's grandparent or whomever to bear all that financial, emotional and physical responsibility. (Others, as you know, disagree. They may feel that someone else *is* the better parent and that they truly *have* little of value to contribute.) For a person who feels it's wrong to let someone else raise the baby, this isn't a good choice.

HIS FEELINGS: A woman or girl may decide against this alternative because her partner strongly opposes it.

FOSTER CARE

REASONS PEOPLE SOMETIMES DECIDE AGAINST **FOSTER CARE**:

LIFE PLANNING: Perhaps they think it will be a very long time before they can be a really good parent, if ever.

MORAL OBJECTIONS: They may feel it is unfair to the baby to leave it in a temporary family ... that it needs security and permanence and a sense of belonging. (Others, as you know, disagree. They may believe that such a life-changing decision should never be rushed ... that foster care gives birth parents needed time to reach a thoughtful decision ... or that a parent who is temporarily unable to care for the child -- in the hospital, in school, in prison, or wherever -- can still be the best parent later.) In any case, for a person who feels foster care is wrong, it isn't a good option.

PRESSURE: Some people are pressured into quickly deciding on another alternative by family or friends ... or by what they *think* their family or friends will say.

ABANDONMENT *
SELLING THE CHILD
SUICIDE
INFANTICIDE **

These are the illegal alternatives. They are included, not to imply that they are acceptable, but in recognition that there are individuals who feel so isolated and overwhelmed by an unplanned pregnancy that they resort to these "alternatives."

REASONS PEOPLE USUALLY **DON'T RUN AWAY** OR CHOOSE **OTHER ILLEGAL ALTERNATIVES**:

THEY'RE ILLEGAL: Either parent may realize that abandoning the baby is illegal and not want to be put in jail ... or, if the other parent stays, she or he may not want to risk having wages garnisheed. Selling the baby or committing infanticide can also lead to a jail term, or course. And attempting suicide can lead to involuntary commitment in a psychiatric hospital.

TO PROTECT OTHERS: He or she might stay and support (or even take care of) the baby to avoid hurting family and friends, the baby's other parent, or the baby itself.

MORAL OBJECTIONS: Most people believe infanticide is wrong, and most also believe that selling the baby is unethical ... the baby is much less likely to get a safe, loving family, than if they work with a legal adoption agency or, at least a reputable lawyer. Either parent may think it's wrong to just leave (unfair to the child -- especially if it is in danger -- and to the other parent or whomever ends up having to care for the child). Most religions and many individuals believe that suicide is wrong, too. A person who believes a choice is wrong, would feel guilty even considering it as an alternative.

IT'S TOO DRASTIC: She or he may realize that suicide and infanticide would be permanent solutions to a temporary problem, ending all the good along with the bad. Choosing a different option leaves open the possibility that someday life will look a lot happier ... that feelings ***change***.

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* This is sometimes called **"RUNNING AWAY"**. In males, abandoning the baby is also sometimes called **"SPLITTING"**.

** Infanticide means having the baby and killing it.

Appendix G: Overview of 5/6 F.L.A.S.H.

LESSON NUMBER AND TITLE	HOMEWORK *	SAMPLE OBJECTIVES
1. *Introduction*	yes	a) List and explain ground rules. b) Identify why ground rules are important (to protect people's feelings).
2. *Family*	yes	a) Give examples of purposes of families. b) Name something s/he values about each member of her/his own family.
3. *Self-esteem*	yes	a) Explain that everyone needs to feel: "*I belong*," "*I can do things*," and "*People appreciate me.*" b) Make affirming statements to self.
4. *Sex Roles*	yes	a) List similarities and differences between the sexes. b) Recognize that beliefs about roles can influence decisions.
5. *Friendship*	yes	a) Identify characteristics of a good friend and assess self. b) List ways to initiate a friendship.
6. *Decision-making*	yes	a) List the steps of active decision-making. b) Recognize that people can decide not to act on a feeling.
7. *Sexual Exploitation, Day 1*	no	a) Distinguish between facts and myths about sexual abuse. b) Describe ways to get out of an exploitive situation.
8. *Sexual Exploitation, Day 2*	yes	a) List people a child could tell about having been sexually exploited. b) Give reasons it's important to report.
9. *Puberty, Day 1*	no	a) Describe the physical, emotional, and social changes of puberty. b) Distinguish among definitions of puberty-related vocabulary words (menstruation, nocturnal emission, etc.).
10. *Puberty, Day 2*	yes	a) Distinguish between facts and myths about puberty. b) Anticipate puberty with positive feelings.
11. *Reproductive System, Day 1*	no	a) Identify the medical terms, locations and functions of the structures in an near the female and male reproductive systems.

LESSON NUMBER AND TITLE	HOMEWORK *	SAMPLE OBJECTIVES
12. ***Reproductive System, Day 2***	yes	a) Distinguish among definitions of reproductive physiology vocabulary words (ovulation, ejaculation, etc.).
13. ***Pregnancy, Day 1***	no	a) Distinguish among definitions of pregnancy-related vocabulary words (cell, chromosome, umbilical cord, etc.)
14. ***Pregnancy, Day 2***	yes	a) Explain the importance of prenatal care. b) List causes of miscarriages and birth defects.
A. ***AIDS, Grade 5, Day 1: A Communicable Disease***	no	a) Distinguish between healthy concern and unhealthy fear. b) Distinguish between illnesses caused by germs and those caused by other factors.
B. ***AIDS, Grade 5, Day 2: A Closer Look***	yes	a) Explain the role of the white blood cell in the body's defense system. b) List ways the AIDS virus is and is not passed.
A. ***AIDS, Grade 6, Day 1: Basic Facts***	no	a) Distinguish among (1) asymptomatic HIV infection, (2) immune-impairment short of AIDS, and (3) full-blown AIDS b) Name the body fluids known to transmit HIV.
B. ***AIDS, Grade 6, Day 2: Exploring the Issues***	yes	a) Examine AIDS-related situations likely to be encountered by people his/her age. b) Explain that AIDS is passed through risky behaviors, not casual contact.
15. ***Review and Resources***	yes	a) List personal and community resources for information and assistance. b) Recall the unit's vocabulary.

* Whenever homework is assigned in **5/6 FLASH**, a Family Homework Exercise and one or more Individual Homework Exercises are provided. Family Homework is always optional and confidential.

Appendix H: Overview of 7/8 F.L.A.S.H.

LESSON NUMBER AND TITLE	HOMEWORK *	SAMPLE OBJECTIVES
1. *Introduction*	yes	a) Contribute to a serious, considerate class climate. b) Distinguish appropriate from excessively personal facts for public disclosure.
2. *Puberty*	yes	a) List physical, emotional and social changes of puberty. b) Explain that variation in age-of-onset and duration of puberty is normal.
3. *Sexual Health and Hygiene*	yes	a) Distinguish healthful from useless/harmful health and hygiene practices related to puberty.
4. *Sexually Transmitted Diseases, Day 1*	no	a) Name STDs. b) List common, early symptoms and explain that STDs may be asymptomatic.
5. *Sexually Transmitted Diseases, Day 2*	yes	a) List behaviors that should follow a suspicion of infection. b) Name dangers of some untreated STDs. c) List ways of reducing risk.
A. *AIDS, Grade 7, Day 1: Basic Facts*	no	a) Cite the risk behaviors. b) Define abstinence and list its benefits. c) Understand the risks and benefits of condoms.
B. *AIDS, Grade 7, Day 2: Alcohol and Other Drugs*	yes	a) Describe the effects of alcohol and other drugs on the body and on decision-making. b) realize the importance of clear goals and values regarding drug use and sexual behavior.
A. *AIDS, Grade 8, Day 1: Basic Facts*	no	a) Discuss the HIV antibody test. b) Understand that, under certain circumstances, anyone can contract AIDS.
B. *AIDS: Grade 8, Day 2: Personal Choices*	yes	a) List reasons abstinence is the best choice for teenagers. b) List things that teens who are having sex should know.
6. *Reproductive System, Day 1*	no	a) Pronounce and spell reproductive system vocabulary words. b) Describe the functions of the male and female reproductive system parts.

LESSON NUMBER AND TITLE	HOMEWORK *	SAMPLE OBJECTIVES
7. ***Reproductive System, Day 2***	yes	a) Explain that variation in size and shape of sexual parts is normal.
8. ***Pregnancy, Day 1***	no	a) Pronounce, spell and explain the meanings of pregnancy-related vocabulary words.
9. ***Pregnancy, Day 2***	yes	a) Distinguish myths from facts regarding how conception can and cannot happen.
10. ***Decision-making and Teen Pregnancy, Day 1***	no	a) Distinguish active from passive decisions. b) Explain that people don't always act on their feelings ... that they ***decide*** whether to act.
11. ***Decision-making and Teen Pregnancy, Day 2***	yes	a) List reasons to delay parenting until adulthood.
12. ***Touch and Abstinence, Day 1***	no	a) Explain that touch is a basic human need. b) Distinguish healthy, constructive touch from risky or destructive touch.
13. ***Touch and Abstinence, Day 2***	yes	a) Distinguish among nurturing, affectionate, sexual, violent and exploitive touch. b) Define abstinence and list reasons for choosing it.
14. ***Birth Control***	yes	a) name and describe methods of birth control, including abstinence. b) List reasons to communicate with parents and loved ones about birth control.
15. ***Resource People***	yes	a) Recognize and know the names of two or three easily accessible resource people (e.g., school counselor, school nurse).
16. ***Communication, Day 1: The Basics***	yes	a) Distinguish among assertive, aggressive, passive and manipulative behaviors. b) Describe the consequences of each.
17. ***Communication, Day 2: Asking Honestly for What You Want***	yes	a) Formulate an assertive request. b) Describe how it feels to risk rejection. c) Appreciate that, in risking rejection, one stands a chance of getting acceptance.
18. ***Communication, Day 3: Taking "NO" For an Answer***	yes	a) If an assertive request is rejected, (1) ask for something approximate, (2) accept the rejection gracefully, and (3) recognize that persisting after two "NO"s is aggression.

LESSON NUMBER AND TITLE	HOMEWORK *	SAMPLE OBJECTIVES
19. *Communication, Day 4: Saying "NO"*	yes	a) Formulate an assertive refusal.
20. *Communication, Day 5: Defending Your Rights*	yes	a) If his/her basic rights are violated, (1) formulate an assertive defense, (2) protect him/herself as aggressively as necessary.

* Whenever homework is assigned in **7/8 FLASH**, a Family Homework Exercise and an Individual Homework Exercises are provided. Family Homework is always optional and confidential.

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